

# TAX RETURN FILING INSTRUCTIONS

## PUBLIC INSPECTION INSTRUCTIONS

<b>Prepared by</b>	Grant Thornton LLP 201 S. College Street, Ste 2500 Charlotte, NC 28244
<b>Special Instructions</b>	<p>The return should be signed and dated by the appropriate officer(s).</p> <p>Exempt organizations are required to provide copies of their Forms 990 for a period of three years from the filing date for public inspection upon request. The names of any contributors should not be disclosed, so we have deleted them. Charities must also provide copies of Forms 990-T filed after August 17, 2006.</p>
<b>Application for Recognition of Exemption</b>	<p>Exempt Organizations are also required to provide a copy of the Application for Recognition of Exemption (Form 1023 or 1024) including all documents and statements submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application.</p> <p>An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.</p>
<b>Requests made in person</b>	If the request is made in person, the organization must respond by the end of the business day.
<b>Requests made in writing</b>	If the request is made in writing, response is generally required within 30 days.
<b>Fees charged for copies</b>	The organization can make a reasonable charge for copying and postage. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$1.00 for the first page and \$0.15 for each additional page.
<b>What if we post the Form 990 on our website?</b>	<p>The requirement to provide copies can be eliminated if the organization posts the relevant documents on its website. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.</p>
<b>What if we fail to comply with requests?</b>	Please be aware that significant monetary penalties may be imposed by the IRS on an organization for failure to follow the above provisions.

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2010 calendar year, or tax year beginning** , **2010**, and ending , **20**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> ADVENTIST HEALTHCARE, INC. Doing Business As			<b>D Employer identification number</b> 52-1532556	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>E Telephone number</b> (301) 315-3338	
	1801 RESEARCH BOULEVARD		400		
	City or town, state or country, and ZIP + 4 ROCKVILLE, MD 20850-3184				
<b>F Name and address of principal officer:</b> WILLIAM G. ROBERTSON 1801 RESEARCH BOULEVARD ROCKVILLE, MD 20850-3184			<b>G Gross receipts \$</b> 642,413,668.		
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
<b>J Website:</b> ▶ WWW.ADVENTISTHEALTHCARE.COM			<b>H(c)</b> Group exemption number ▶		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> 1983 <b>M State of legal domicile:</b> MD		

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: WE DEMONSTRATE GOD'S CARE BY IMPROVING THE HEALTH OF PEOPLE AND COMMUNITIES THROUGH A MINISTRY OF PHYSICAL, MENTAL, AND SPIRITUAL HEALING.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	18.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14.
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	7,910.
	6	Total number of volunteers (estimate if necessary)	6	1,575.
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	722,146.
	b Net unrelated business taxable income from Form 990-T, line 34	7b		
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	3,705,193.	3,382,441.
	9	Program service revenue (Part VIII, line 2g)	636,868,481.	628,049,282.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,499,855.	5,645,861.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,687,902.	-5,486,174.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	644,761,431.	631,591,410.
	<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,671,850.
14		Benefits paid to or for members (Part IX, column (A), line 4)		0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	295,535,311.	302,423,974.
16 a		Professional fundraising fees (Part IX, column (A), line 11e)		0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,220,248.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	331,530,858.	295,692,505.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	628,738,019.	600,287,351.
19	Revenue less expenses. Subtract line 18 from line 12	16,023,412.	31,304,059.	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	633,852,730.	742,822,801.
	21	Total liabilities (Part X, line 26)	452,269,574.	483,117,111.
	22	Net assets or fund balances. Subtract line 21 from line 20	181,583,156.	259,705,690.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	▶ Signature of officer	Date			
	▶ JAMES G. LEE CFO & EXE. VP Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Michele Melchior	Preparer's signature	Date 11/15/2011	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ GRANT THORNTON LLP	EIN ▶		Phone no. ▶ 704-632-3500	
	Firm's address ▶ 201 S. COLLEGE ST., STE. 2500 CHARLOTTE, NC 28244				
May the IRS discuss this return with the preparer shown above? (see instructions)					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III  Yes  No

**1** Briefly describe the organization's mission:

WE DEMONSTRATE GOD'S CARE BY IMPROVING THE HEALTH OF PEOPLE AND COMMUNITIES THROUGH A MINISTRY OF PHYSICAL, MENTAL, AND SPIRITUAL HEALING.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 494,610,951. including grants of \$ 2,170,872.) (Revenue \$ 582,914,306.)

ATTACHMENT 1

**4b** (Code: \_\_\_\_\_) (Expenses \$ 10,999,967. including grants of \$ \_\_\_\_\_) (Revenue \$ 45,134,976.)

ATTACHMENT 2

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e Total program service expenses** ▶ 505,610,918.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) . . . . .	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		X
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .		X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .	X	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .		X
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .	X	
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	X	
<b>12 a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> . . . . .		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> . . . . .	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		X
<b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> . . . . .		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		X
<b>20 a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .	X	
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) . . . . .		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	<input checked="" type="checkbox"/>	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		<input checked="" type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .	<input checked="" type="checkbox"/>	
<b>24 a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i> . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		<input checked="" type="checkbox"/>
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		<input checked="" type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		<input checked="" type="checkbox"/>
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		<input checked="" type="checkbox"/>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		<input checked="" type="checkbox"/>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		<input checked="" type="checkbox"/>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<input checked="" type="checkbox"/>	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		<input checked="" type="checkbox"/>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		<input checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		<input checked="" type="checkbox"/>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		<input checked="" type="checkbox"/>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .	<input checked="" type="checkbox"/>	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> . . . . .	<input checked="" type="checkbox"/>	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	<input checked="" type="checkbox"/>	
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		<input checked="" type="checkbox"/>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<input checked="" type="checkbox"/>	

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance**  
 Check if Schedule O contains a response to any question in this Part V.

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . <b>1a</b> 817		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . <b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . <b>1c</b>	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . <b>2a</b> 7,910		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . <b>3a</b>	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . . <b>3b</b>	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . <b>4a</b>		X
<b>b</b>	If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . <b>5a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . <b>5b</b>		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . . <b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . . <b>6a</b>		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . <b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . <b>7a</b>		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . <b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . <b>7c</b>		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . . <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <b>7e</b>		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <b>7f</b>		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . <b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . <b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . <b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . . <b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . <b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . . <b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . . <b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>13a</b> <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand . . . . . <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . . <b>14a</b>		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . . <b>14b</b>		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (18), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JAMES G. LEE 1801 RESEARCH BOULEVARD ROCKVILLE, MD 20850 301-315-3020

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII. . . . .

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM G. ROBERTSON PRESIDENT & CEO	40.00	X		X			1,122,734.	0.	45,921.	
(2) DAVID E. WEIGLEY CHAIRMAN	1.00	X		X			0.	0.	0.	
(3) J. NEVILLE HARCOT VICE CHAIR	1.00	X		X			0.	0.	0.	
(4) ELAINE L. ARTHUR VICE CHAIR	1.00	X		X			0.	0.	0.	
(5) SETH T. BARDU MEMBER	1.00	X					0.	0.	0.	
(6) FRED M. MANCHUR MEMBER	1.00	X					0.	0.	0.	
(7) RUTH ELLEN BULGER, A.M. MEMBER	1.00	X					0.	0.	0.	
(8) NORTON A. ELSON, MD MEMBER	1.00	X					0.	0.	0.	
(9) MARK E. GRIFFIN MEMBER	1.00	X					0.	0.	0.	
(10) SCOTT MCCLURE, ESQ VICE CHAIR	1.00	X		X			0.	0.	0.	
(11) WILLIAM K. MILLER MEMBER	1.00	X					0.	0.	0.	
(12) MARTA BRITO PEREZ MEMBER	1.00	X					0.	0.	0.	
(13) PETER H. PLAMONDON JR. MEMBER	1.00	X					0.	0.	0.	
(14) DAVID C. STUMP, MD MEMBER	1.00	X					0.	0.	0.	
(15) ROBIN THOMASHAUER MEMBER	1.00	X					0.	0.	0.	
(16) STEPHEN L. TUCK, MD MEMBER	1.00	X					0.	0.	0.	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**(continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) WEYMOUTH SPENCE, ED.D MEMBER	1.00	X						0.	0.	0.
(18) EDMUND F. HODGE EXE. VP & CAO	40.00			X				693,770.	0.	35,530.
(19) JAMES G. LEE CFO & EXE. VP	40.00			X				574,429.	0.	27,574.
(20) GAUROV DAYAL CHIEF MED. OFFICER	40.00			X				540,824.	0.	31,133.
(21) SUSAN L. GLOVER SR. VP / CQIO	40.00			X				359,335.	0.	38,471.
(22) DENNIS HANSEN PRESIDENT SGAH	40.00			X				622,147.	0.	41,654.
(23) JERE STOCKS PRESIDENT WAH	40.00			X				530,295.	0.	28,670.
(24) HISAKO THOMPSON PRESIDENT ABH	40.00				X			293,453.	0.	20,589.
(25) GEORGE CHILD VP - ASLS	40.00				X			462,524.	0.	25,799.
(26) GENE MILTON PRES/SEC - HRMC	40.00				X			449,227.	0.	85,271.
(27) DORIS REINHART VP ADMIN - ARHM	40.00				X			245,738.	0.	55,409.
(28) KEITH BALLENGER VP - AHHS	40.00				X			217,827.	0.	22,287.
<b>1b Sub-total</b>								6,112,303.	0.	458,308.
<b>c Total from continuation sheets to Part VII, Section A ATTACHMENT 3</b>								2,205,198.	0.	159,246.
<b>d Total (add lines 1b and 1c)</b>								8,317,501.	0.	617,554.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶ 251**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 92**

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>						
	<b>d</b> Related organizations . . . . .	<b>1d</b>	1,788,354.					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	991,853.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	602,234.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$							
	<b>h Total.</b> Add lines 1a-1f . . . . .			3,382,441.				
<b>Program Service Revenue</b>				<b>Business Code</b>				
	<b>2a</b> WOMEN AND CHILDREN		900099	219,545,470.	219,545,470.			
	<b>b</b> CARDIAC		900099	110,679,020.	110,679,020.			
	<b>c</b> BEHAVIORAL HEALTH		900099	45,134,976.	45,134,976.			
	<b>d</b> ONCOLOGY		900099	28,646,855.	28,646,855.			
	<b>e</b> OCCUPATIONAL/SPEECH/PHYSI		900099	15,457,841.	15,457,841.			
	<b>f</b> All other program service revenue . . . . .		900099	208,585,120.	207,862,974.	722,146.		
	<b>g Total.</b> Add lines 2a-2f . . . . .			628,049,282.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			5,170,856.			5,170,856.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . .			0.				
	<b>5</b> Royalties . . . . .			0.				
	<b>6a</b> Gross Rents . . . . .	(i) Real						
		(ii) Personal						
			4,920,322.					
		<b>b</b> Less: rental expenses . . . . .			10,514,071.			
	<b>c</b> Rental income or (loss) . . . . .			-5,593,749.				
	<b>d</b> Net rental income or (loss) . . . . .			-5,593,749.			-5,593,749.	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities						
		(ii) Other						
			475,005.					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .						
	<b>c</b> Gain or (loss) . . . . .			475,005.				
	<b>d</b> Net gain or (loss) . . . . .			475,005.			475,005.	
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>							
<b>b</b> Less: direct expenses . . . . .	<b>b</b>							
<b>c</b> Net income or (loss) from fundraising events . . . . .			0.					
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>							
<b>b</b> Less: direct expenses . . . . .	<b>b</b>							
<b>c</b> Net income or (loss) from gaming activities . . . . .			0.					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	415,762.						
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>	308,187.					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			107,575.			107,575.	
Miscellaneous Revenue			<b>Business Code</b>					
<b>11a</b> _____								
<b>b</b> _____								
<b>c</b> _____								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			0.					
<b>12 Total revenue.</b> See instructions . . . . .			631,591,410.	627,327,136.	722,146.	159,687.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .	2,170,872.	2,170,872.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	6,547,014.		6,547,014.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	246,090,068.	213,501,143.	30,969,953.	1,618,972.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	7,214,375.	6,263,797.	901,167.	49,411.
9 Other employee benefits . . . . .	23,821,029.	18,917,200.	4,769,370.	134,459.
10 Payroll taxes . . . . .	18,751,488.	15,496,995.	3,147,235.	107,258.
11 Fees for services (non-employees):				
a Management . . . . .	7,298,650.	7,031,060.	267,590.	
b Legal . . . . .	1,383,806.		1,381,889.	1,917.
c Accounting . . . . .	460,842.		439,242.	21,600.
d Lobbying . . . . .	346,693.		346,693.	
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees . . . . .	4,409,933.		4,409,933.	
g Other . . . . .	48,264,352.	38,406,300.	8,966,258.	891,794.
12 Advertising and promotion . . . . .	1,089,360.	31,591.	1,056,160.	1,609.
13 Office expenses . . . . .	59,638,696.	53,974,964.	5,429,955.	233,777.
14 Information technology . . . . .	21,497,642.	16,110,333.	5,387,309.	
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	24,012,748.	17,279,176.	6,633,672.	99,900.
17 Travel . . . . .	1,525,532.	799,130.	691,187.	35,215.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	534,510.	329,299.	180,951.	24,260.
20 Interest . . . . .	4,387,734.	19,902.	4,367,832.	
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	26,921,529.	26,434,996.	486,533.	
23 Insurance . . . . .	4,348,879.		4,348,879.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>MEDICAL SUPPLIES</u> . . . . .	62,641,920.	62,540,490.	101,430.	
b <u>BAD DEBTS</u> . . . . .	26,303,670.	26,303,670.		
c <u>RECRUITMENT</u> . . . . .	626,009.		625,933.	76.
d _____				
e _____				
f All other expenses _____				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	600,287,351.	505,610,918.	91,456,185.	3,220,248.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	57,251.	<b>1</b>	57,301.
	<b>2</b> Savings and temporary cash investments . . . . .	21,466,999.	<b>2</b>	13,581,054.
	<b>3</b> Pledges and grants receivable, net . . . . .	401,062.	<b>3</b>	1,124,993.
	<b>4</b> Accounts receivable, net . . . . .	78,515,466.	<b>4</b>	96,673,141.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	8,153,935.	<b>7</b>	6,301,893.
	<b>8</b> Inventories for sale or use . . . . .	8,566,095.	<b>8</b>	9,232,121.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	6,364,937.	<b>9</b>	7,118,185.
	<b>10 a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 642,147,042.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 310,918,321.	320,171,363.	<b>10c</b> 331,228,721.
	<b>11</b> Investments - publicly traded securities . . . . .	108,119,972.	<b>11</b>	175,844,638.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	1,239,849.	<b>12</b>	6,335,406.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	9,685,395.	<b>13</b>	50,981,408.
	<b>14</b> Intangible assets . . . . .	6,196,899.	<b>14</b>	5,519,669.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	64,913,507.	<b>15</b>	38,824,271.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	633,852,730.	<b>16</b>	742,822,801.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	93,498,829.	<b>17</b>	93,420,228.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	220,417,465.	<b>20</b>	248,377,297.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	42,462,208.	<b>23</b>	84,203,835.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	71,900,000.	<b>24</b>	16,000,000.
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	23,991,072.	<b>25</b>	41,115,751.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	452,269,574.	<b>26</b>	483,117,111.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	177,553,329.	<b>27</b>	257,609,555.
	<b>28</b> Temporarily restricted net assets . . . . .	4,029,827.	<b>28</b>	2,096,135.
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	181,583,156.	<b>33</b>	259,705,690.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	633,852,730.	<b>34</b>	742,822,801.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	631,591,410.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	600,287,351.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	31,304,059.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	181,583,156.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	46,818,475.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	259,705,690.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant?	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

<b>Name of the organization</b> ADVENTIST HEALTHCARE, INC.	<b>Employer identification number</b> 52-1532556
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3 % support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 33 1/3 % support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10 a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

- 19 a 33 1/3 % support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►
- b 33 1/3 % support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

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**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

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**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

**2010**

<b>Name of the organization</b> ADVENTIST HEALTHCARE, INC.	<b>Employer identification number</b> 52-1532556
---	---

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization ADVENTIST HEALTHCARE, INC.

Employer identification number

52-1532556

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 69,106.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 1,122,523.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 596,726.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 430,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 387,527.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 174,326.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ADVENTIST HEALTHCARE, INC.

Employer identification number

52-1532556

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 29,425.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ADVENTIST HEALTHCARE, INC.

Employer identification number

52-1532556

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	----- ----- -----	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	----- ----- -----	\$ 7,345.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	----- ----- -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ADVENTIST HEALTHCARE, INC.

Employer identification number  
52-1532556

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	----- ----- -----	\$ 184,605.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**  
**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization ADVENTIST HEALTHCARE, INC.	Employer identification number 52-1532556
--	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group.  
**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2 a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?	X		39,205.
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		307,488.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities? If "Yes," describe in Part IV		X	
<b>j</b> Total. Add lines 1c through 1i			346,693.
<b>2 a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

SEE PAGE 4

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**Part IV** Supplemental Information (continued)

## OTHER ACTIVITIES

SCHEDULE C, PART II-B, LINE 1

DURING 2010, ADVENTIST HEALTHCARE, INC. CONTINUED ITS LOBBYING ACTIVITIES FROM PRIOR YEARS. ADVENTIST HEALTHCARE WAS INVOLVED IN DIRECT CONTACT AND LOBBYING ACTIVITIES AT THE LOCAL, STATE, AND FEDERAL LEVEL. ACTIVITIES INCLUDED DISCUSSIONS WITH MONTGOMERY COUNTY AND PRINCE GEORGE'S COUNTY OFFICIALS ABOUT VARIOUS COUNTY HEALTH CARE MATTERS, PARTICULARLY REVOLVING AROUND THE LOCAL HEALTH CARE SAFETY NET AND ISSUES OF ACCESS TO CARE. CONTACT WITH LEGISLATORS AND LOBBYING ON ISSUES AT THE STATE LEVEL ALSO TOOK PLACE, PARTICULARLY AROUND ISSUES OF PUBLIC HEALTH AND ACCESS TO HEALTH CARE SERVICES. AT THE FEDERAL LEVEL, ADVENTIST HEALTHCARE WAS ENGAGED IN MONITORING LEGISLATIVE AND EXECUTIVE ACTIONS RELATED TO FEDERAL HEALTH REFORM, HEALTHCARE REIMBURSEMENT, AND ACCESS TO HEALTHCARE SERVICES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

Name of the organization

ADVENTIST HEALTHCARE, INC.

Employer identification number

52-1532556

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure; 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year; 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year; 4 Number of states where property subject to conservation easement is located; 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No); 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year; 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year; 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and 170(h)(4)(B)(ii)? (Yes/No); 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Revenues, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items; b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X; 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2010

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**(continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XI V and complete the following table:
- |   | Amount    |
|---|-----------|
| c Beginning balance . . . . .             | <b>1c</b> |
| d Additions during the year . . . . .     | <b>1d</b> |
| e Distributions during the year . . . . . | <b>1e</b> |
| f Ending balance . . . . .                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XI V.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| (i) unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| (ii) related organizations . . . . .  | <b>3a(ii)</b> |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		9,712,065.		9,712,065.
b Buildings . . . . .		341,307,576.	167,423,645.	173,883,931.
c Leasehold improvements . . . . .		18,654,154.	13,606,358.	5,047,796.
d Equipment . . . . .		168,400,360.	116,595,486.	51,804,874.
e Other . . . . .		104,072,887.	13,292,832.	90,780,055.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				<b>331,228,721.</b>

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) LAND INVESTMENTS	50,981,408.	COST
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	50,981,408.	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CIP-NET (LWS LLC)	337.
(2) DEFERRED COMPENSATION FUND	1,769,688.
(3) DEPOSIT: SECURITY	242,682.
(4) DUE FROM RELATED ORGANIZATION	36,811,564.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	38,824,271.

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) 2005A OPTION LIABILITY	3,802,552.	
(3) COMPLIANCE LIABILITY RESERVE	7,713,096.	
(4) DEFERRED COMPENSATION	1,769,688.	
(5) INTEREST RATE SWAPS LIABILITY	14,752,444.	
(6) OTHER LONG TERM LIABILITIES	2,856,347.	
(7) PROFESSIONAL LIABILITY INS: SE	10,221,624.	
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	41,115,751.	

**2. FIN 48 (ASC 740) Footnote.** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)		<b>1</b>
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)		<b>2</b>
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1		<b>3</b>
<b>4</b>	Net unrealized gains (losses) on investments		<b>4</b>
<b>5</b>	Donated services and use of facilities		<b>5</b>
<b>6</b>	Investment expenses		<b>6</b>
<b>7</b>	Prior period adjustments		<b>7</b>
<b>8</b>	Other (Describe in Part XIV.)		<b>8</b>
<b>9</b>	Total adjustments (net). Add lines 4 through 8		<b>9</b>
<b>10</b>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		<b>10</b>

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIV** Supplemental Information (continued)

PART X, LINE 2

FIN 48 FOOTNOTE

THE CORPORATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2010 OR 2009.

THE CORPORATION'S POLICY IS TO RECOGNIZE INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES.

THE CORPORATION'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS FOR 2007, 2008 AND 2009 REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

Name of the organization: **ADVENTIST HEALTHCARE, INC.** Employer identification number: **52-1532556**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	X	
<b>b</b> If "Yes," was it a written policy? . . . . .	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: . . . . . <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Did the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
<b>c</b> If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .		
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	X	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheets 1 and 2) . . . . .			14,364,904.		14,364,904.	2.50
<b>b</b> Unreimbursed Medicaid (from Worksheet 3, column a) . . . . .						
<b>c</b> Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d</b> Total Financial Assistance and Means-Tested Government Programs . . . . .			14,364,904.		14,364,904.	2.50
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			15,758,767.	3,380,614.	12,378,153.	2.16
<b>f</b> Health professions education (from Worksheet 5) . . . . .			2,952,023.	67,582.	2,884,441.	.50
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			39,166,081.	13,052,531.	26,113,550.	4.55
<b>h</b> Research (from Worksheet 7) . . . . .			2,064,766.	943,958.	1,120,808.	.20
<b>i</b> Cash and in-kind contributions to community groups (from Worksheet 8) . . . . .			2,170,872.		2,170,872.	.38
<b>j</b> Total Other Benefits . . . . .			62,112,509.	17,444,685.	44,667,824.	7.79
<b>k</b> Total. Add lines 7d and 7j . . . . .			76,477,413.	17,444,685.	59,032,728.	10.29

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2010

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			50,756.		50,756.	.01
2 Economic development			48,022.		48,022.	.01
3 Community support			269,525.		269,525.	.05
4 Environmental improvements			2,209.		2,209.	
5 Leadership development and training for community members			3,816.		3,816.	
6 Coalition building			56,935.		56,935.	.01
7 Community health improvement advocacy			568,291.		568,291.	.10
8 Workforce development			32,508.		32,508.	.01
9 Other			574,328.		574,328.	.10
10 Total			1,606,390.		1,606,390.	.29

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

- 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .
- 2 Enter the amount of the organization's bad debt expense (at cost) . . . . .
- 3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy . . . . .
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts in community benefit.

	Yes	No
1	X	
2		
3		
5		
6		
7		
9a	X	
9b	X	

**Section B. Medicare**

- 5 Enter total revenue received from Medicare (including DSH and IME) . . . . .
- 6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:  
 Cost accounting system     Cost to charge ratio     Other

**Section C. Collection Practices**

- 9a Does the organization have a written debt collection policy during the tax year? . . . . .
- b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . .

**Part IV Management Companies and Joint Ventures**

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 GERMANTOWN O/P IMAGI	OUTPATIENT IMAGING	50.00000		50.00000
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 5

Name and address

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
<b>1</b> SHADY GROVE ADVENTIST HOSPITAL 9901 MEDICAL CENTER DR ROCKVILLE MD 20850	X	X					X		
<b>2</b> WASHINGTON ADVENTIST HOSPITAL 7600 CARROLL AVENUE TAKOMA PARK MD 20912	X	X					X		
<b>3</b> HACKETTSTOWN REGIONAL HOSPITAL 651 WILLOW GROVE STREET HACKETTSTOWN NJ 07840	X	X					X		SEPARATE LEGAL ENTITY MANAGED BY AHC
<b>4</b> ADVENTIST REHAB HOSPITAL OF MD 9909 MEDICAL CENTER DR ROCKVILLE MD 20850	X								SEPARATE LEGAL ENTITY MANAGED BY AHC
<b>5</b> ADVENTIST BEHAVIORAL HEALTH 14901 BROSCART ROAD ROCKVILLE MD 20850	X								BEHAVIORAL TREATMENT CENTER
<b>6</b>									
<b>7</b>									
<b>8</b>									
<b>9</b>									
<b>10</b>									
<b>11</b>									
<b>12</b>									
<b>13</b>									
<b>14</b>									
<b>15</b>									
<b>16</b>									

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: SHADY GROVE ADVENTIST HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for 2010)			
<b>1</b>	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 . . . . . If "Yes," indicate what the Needs Assessment describes (check all that apply):	<b>1</b>	
<b>a</b>	<input type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input type="checkbox"/> Demographics of the community		
<b>c</b>	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input type="checkbox"/> How data was obtained		
<b>e</b>	<input type="checkbox"/> The health needs of the community		
<b>f</b>	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
<b>j</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>2</b>	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u>  </u> <u>  </u> <u>  </u>		
<b>3</b>	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>3</b>	
<b>4</b>	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	<b>4</b>	
<b>5</b>	Did the hospital facility make its Needs Assessment widely available to the public? . . . . . If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	<b>5</b>	
<b>a</b>	<input type="checkbox"/> Hospital facility's website		
<b>b</b>	<input type="checkbox"/> Available upon request from the hospital facility		
<b>c</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>6</b>	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
<b>a</b>	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
<b>b</b>	<input type="checkbox"/> Execution of the implementation strategy		
<b>c</b>	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
<b>d</b>	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
<b>e</b>	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b>	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
<b>g</b>	<input type="checkbox"/> Prioritization of health needs in its community		
<b>h</b>	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>7</b>	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . . . .	<b>7</b>	
<b>Financial Assistance Policy</b>			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>8</b>	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? . . . . .	<b>8</b>	
<b>9</b>	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care: <u>  </u> <u>  </u> <u>  </u> %	<b>9</b>	

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: WASHINGTON ADVENTIST HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for 2010)			
<b>1</b>	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 . . . . . If "Yes," indicate what the Needs Assessment describes (check all that apply):	<b>1</b>	
<b>a</b>	<input type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input type="checkbox"/> Demographics of the community		
<b>c</b>	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input type="checkbox"/> How data was obtained		
<b>e</b>	<input type="checkbox"/> The health needs of the community		
<b>f</b>	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
<b>j</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>2</b>	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u>  </u> <u>  </u> <u>  </u>		
<b>3</b>	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>3</b>	
<b>4</b>	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	<b>4</b>	
<b>5</b>	Did the hospital facility make its Needs Assessment widely available to the public? . . . . . If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	<b>5</b>	
<b>a</b>	<input type="checkbox"/> Hospital facility's website		
<b>b</b>	<input type="checkbox"/> Available upon request from the hospital facility		
<b>c</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>6</b>	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
<b>a</b>	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
<b>b</b>	<input type="checkbox"/> Execution of the implementation strategy		
<b>c</b>	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
<b>d</b>	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
<b>e</b>	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b>	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
<b>g</b>	<input type="checkbox"/> Prioritization of health needs in its community		
<b>h</b>	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>7</b>	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . . . .	<b>7</b>	
<b>Financial Assistance Policy</b>			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>8</b>	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? . . . . .	<b>8</b>	
<b>9</b>	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care: <u>  </u> <u>  </u> <u>  </u> %	<b>9</b>	

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: HACKETTSTOWN REGIONAL HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 3

		Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for 2010)			
<b>1</b>	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 . . . . . If "Yes," indicate what the Needs Assessment describes (check all that apply):	<b>1</b>	
<b>a</b>	<input type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input type="checkbox"/> Demographics of the community		
<b>c</b>	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input type="checkbox"/> How data was obtained		
<b>e</b>	<input type="checkbox"/> The health needs of the community		
<b>f</b>	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
<b>j</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>2</b>	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u>  </u> <u>  </u>		
<b>3</b>	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>3</b>	
<b>4</b>	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	<b>4</b>	
<b>5</b>	Did the hospital facility make its Needs Assessment widely available to the public? . . . . . If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	<b>5</b>	
<b>a</b>	<input type="checkbox"/> Hospital facility's website		
<b>b</b>	<input type="checkbox"/> Available upon request from the hospital facility		
<b>c</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>6</b>	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
<b>a</b>	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
<b>b</b>	<input type="checkbox"/> Execution of the implementation strategy		
<b>c</b>	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
<b>d</b>	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
<b>e</b>	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b>	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
<b>g</b>	<input type="checkbox"/> Prioritization of health needs in its community		
<b>h</b>	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>7</b>	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . . . .	<b>7</b>	
<b>Financial Assistance Policy</b>			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>8</b>	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? . . . . .	<b>8</b>	
<b>9</b>	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care: <u>  </u> <u>  </u> <u>  </u> %	<b>9</b>	

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: ADVENTIST REHAB HOSPITAL OF MD

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 4

		Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for 2010)			
<b>1</b>	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 . . . . . If "Yes," indicate what the Needs Assessment describes (check all that apply):	<b>1</b>	
<b>a</b>	<input type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input type="checkbox"/> Demographics of the community		
<b>c</b>	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input type="checkbox"/> How data was obtained		
<b>e</b>	<input type="checkbox"/> The health needs of the community		
<b>f</b>	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
<b>j</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>2</b>	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u>  </u> <u>  </u>		
<b>3</b>	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>3</b>	
<b>4</b>	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	<b>4</b>	
<b>5</b>	Did the hospital facility make its Needs Assessment widely available to the public? . . . . . If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	<b>5</b>	
<b>a</b>	<input type="checkbox"/> Hospital facility's website		
<b>b</b>	<input type="checkbox"/> Available upon request from the hospital facility		
<b>c</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>6</b>	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
<b>a</b>	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
<b>b</b>	<input type="checkbox"/> Execution of the implementation strategy		
<b>c</b>	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
<b>d</b>	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
<b>e</b>	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b>	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
<b>g</b>	<input type="checkbox"/> Prioritization of health needs in its community		
<b>h</b>	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>7</b>	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . . . .	<b>7</b>	
<b>Financial Assistance Policy</b>			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>8</b>	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? . . . . .	<b>8</b>	
<b>9</b>	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care: <u>  </u> <u>  </u> <u>  </u> %	<b>9</b>	

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: ADVENTIST BEHAVIORAL HEALTH

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 5

		Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for 2010)			
<b>1</b>	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 . . . . . If "Yes," indicate what the Needs Assessment describes (check all that apply):	<b>1</b>	
<b>a</b>	<input type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input type="checkbox"/> Demographics of the community		
<b>c</b>	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input type="checkbox"/> How data was obtained		
<b>e</b>	<input type="checkbox"/> The health needs of the community		
<b>f</b>	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
<b>j</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>2</b>	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u>  </u> <u>  </u>		
<b>3</b>	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>3</b>	
<b>4</b>	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	<b>4</b>	
<b>5</b>	Did the hospital facility make its Needs Assessment widely available to the public? . . . . . If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	<b>5</b>	
<b>a</b>	<input type="checkbox"/> Hospital facility's website		
<b>b</b>	<input type="checkbox"/> Available upon request from the hospital facility		
<b>c</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>6</b>	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
<b>a</b>	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
<b>b</b>	<input type="checkbox"/> Execution of the implementation strategy		
<b>c</b>	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
<b>d</b>	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
<b>e</b>	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b>	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
<b>g</b>	<input type="checkbox"/> Prioritization of health needs in its community		
<b>h</b>	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>7</b>	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . . . .	<b>7</b>	
<b>Financial Assistance Policy</b>			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>8</b>	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? . . . . .	<b>8</b>	
<b>9</b>	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care: <u>  </u> <u>  </u> <u>  </u> %	<b>9</b>	

**Part V Facility Information (continued)** SHADY GROVE ADVENTIST HOSPITAL

		Yes	No
<b>10</b>	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care: _ _ _ %		
<b>11</b>	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply):		
<b>a</b>	<input type="checkbox"/> Income level		
<b>b</b>	<input type="checkbox"/> Asset level		
<b>c</b>	<input type="checkbox"/> Medical indigency		
<b>d</b>	<input type="checkbox"/> Insurance status		
<b>e</b>	<input type="checkbox"/> Uninsured discount		
<b>f</b>	<input type="checkbox"/> Medicaid/Medicare		
<b>g</b>	<input type="checkbox"/> State regulation		
<b>h</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>12</b>	Explained the method for applying for financial assistance? . . . . .		
<b>13</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b>	<input type="checkbox"/> The policy was posted on the hospital facility's website		
<b>b</b>	<input type="checkbox"/> The policy was attached to billing invoices		
<b>c</b>	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
<b>d</b>	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
<b>e</b>	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
<b>f</b>	<input type="checkbox"/> The policy was available on request		
<b>g</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

<b>14</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment? . . . . .		
<b>15</b>	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other actions (describe in Part VI)		
<b>16</b>	Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year? . . . . . If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other actions (describe in Part VI)		
<b>17</b>	Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply):		
<b>a</b>	<input type="checkbox"/> Notified patients of the financial assistance policy on admission		
<b>b</b>	<input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
<b>c</b>	<input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
<b>d</b>	<input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance		
<b>e</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Part V Facility Information (continued)** WASHINGTON ADVENTIST HOSPITAL

		Yes	No
<b>10</b>	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care: _ _ _ %	<b>10</b>	
<b>11</b>	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply):	<b>11</b>	
<b>a</b>	<input type="checkbox"/> Income level		
<b>b</b>	<input type="checkbox"/> Asset level		
<b>c</b>	<input type="checkbox"/> Medical indigency		
<b>d</b>	<input type="checkbox"/> Insurance status		
<b>e</b>	<input type="checkbox"/> Uninsured discount		
<b>f</b>	<input type="checkbox"/> Medicaid/Medicare		
<b>g</b>	<input type="checkbox"/> State regulation		
<b>h</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>12</b>	Explained the method for applying for financial assistance? . . . . .	<b>12</b>	
<b>13</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	<b>13</b>	
<b>a</b>	<input type="checkbox"/> The policy was posted on the hospital facility's website		
<b>b</b>	<input type="checkbox"/> The policy was attached to billing invoices		
<b>c</b>	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
<b>d</b>	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
<b>e</b>	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
<b>f</b>	<input type="checkbox"/> The policy was available on request		
<b>g</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

<b>14</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment? . . . . .	<b>14</b>	
<b>15</b>	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other actions (describe in Part VI)		
<b>16</b>	Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year? . . . . . If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):	<b>16</b>	
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<b>c</b>	<input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
<b>d</b>	<input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance		
<b>e</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Part V Facility Information (continued)** HACKETTSTOWN REGIONAL HOSPITAL

		Yes	No
<b>10</b>	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care: _ _ _ %	<b>10</b>	
<b>11</b>	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply):	<b>11</b>	
<b>a</b>	<input type="checkbox"/> Income level		
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<b>c</b>	<input type="checkbox"/> Medical indigency		
<b>d</b>	<input type="checkbox"/> Insurance status		
<b>e</b>	<input type="checkbox"/> Uninsured discount		
<b>f</b>	<input type="checkbox"/> Medicaid/Medicare		
<b>g</b>	<input type="checkbox"/> State regulation		
<b>h</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>12</b>	Explained the method for applying for financial assistance? . . . . .	<b>12</b>	
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<b>c</b>	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
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<b>e</b>	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
<b>f</b>	<input type="checkbox"/> The policy was available on request		
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**Billing and Collections**

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<b>15</b>	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:		
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<b>16</b>	Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year? . . . . . If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):	<b>16</b>	
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<b>c</b>	<input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
<b>d</b>	<input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance		
<b>e</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Part V Facility Information (continued)** ADVENTIST REHAB HOSPITAL OF MD

		Yes	No
<b>10</b>	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care: _ _ _ %	<b>10</b>	
<b>11</b>	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply):	<b>11</b>	
<b>a</b>	<input type="checkbox"/> Income level		
<b>b</b>	<input type="checkbox"/> Asset level		
<b>c</b>	<input type="checkbox"/> Medical indigency		
<b>d</b>	<input type="checkbox"/> Insurance status		
<b>e</b>	<input type="checkbox"/> Uninsured discount		
<b>f</b>	<input type="checkbox"/> Medicaid/Medicare		
<b>g</b>	<input type="checkbox"/> State regulation		
<b>h</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>12</b>	Explained the method for applying for financial assistance? . . . . .	<b>12</b>	
<b>13</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	<b>13</b>	
<b>a</b>	<input type="checkbox"/> The policy was posted on the hospital facility's website		
<b>b</b>	<input type="checkbox"/> The policy was attached to billing invoices		
<b>c</b>	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
<b>d</b>	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
<b>e</b>	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
<b>f</b>	<input type="checkbox"/> The policy was available on request		
<b>g</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

<b>14</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment? . . . . .	<b>14</b>	
<b>15</b>	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other actions (describe in Part VI)		
<b>16</b>	Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year? . . . . . If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):	<b>16</b>	
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other actions (describe in Part VI)		
<b>17</b>	Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply):		
<b>a</b>	<input type="checkbox"/> Notified patients of the financial assistance policy on admission		
<b>b</b>	<input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
<b>c</b>	<input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
<b>d</b>	<input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance		
<b>e</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Part V Facility Information (continued)** ADVENTIST BEHAVIORAL HEALTH

		Yes	No
<b>10</b>	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care: _ _ _ %	<b>10</b>	
<b>11</b>	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply):	<b>11</b>	
<b>a</b>	<input type="checkbox"/> Income level		
<b>b</b>	<input type="checkbox"/> Asset level		
<b>c</b>	<input type="checkbox"/> Medical indigency		
<b>d</b>	<input type="checkbox"/> Insurance status		
<b>e</b>	<input type="checkbox"/> Uninsured discount		
<b>f</b>	<input type="checkbox"/> Medicaid/Medicare		
<b>g</b>	<input type="checkbox"/> State regulation		
<b>h</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>12</b>	Explained the method for applying for financial assistance? . . . . .	<b>12</b>	
<b>13</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	<b>13</b>	
<b>a</b>	<input type="checkbox"/> The policy was posted on the hospital facility's website		
<b>b</b>	<input type="checkbox"/> The policy was attached to billing invoices		
<b>c</b>	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
<b>d</b>	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
<b>e</b>	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
<b>f</b>	<input type="checkbox"/> The policy was available on request		
<b>g</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

<b>14</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment? . . . . .	<b>14</b>	
<b>15</b>	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other actions (describe in Part VI)		
<b>16</b>	Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year? . . . . . If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):	<b>16</b>	
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other actions (describe in Part VI)		
<b>17</b>	Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply):		
<b>a</b>	<input type="checkbox"/> Notified patients of the financial assistance policy on admission		
<b>b</b>	<input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
<b>c</b>	<input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
<b>d</b>	<input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance		
<b>e</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Part V Facility Information (continued)** SHADY GROVE ADVENTIST HOSPITAL

**Policy Relating to Emergency Medical Care**

		Yes	No
<b>18</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate the reasons why (check all that apply):		
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Charges for Medical Care**

<b>19</b>	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):		
<b>a</b>	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>20</b>	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Part VI.		
<b>21</b>	Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient? . . . . . If "Yes," explain in Part VI.		

**Part V Facility Information (continued)** WASHINGTON ADVENTIST HOSPITAL

**Policy Relating to Emergency Medical Care**

		Yes	No
<b>18</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .		
	If "No," indicate the reasons why (check all that apply):		
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Charges for Medical Care**

<b>19</b>	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):		
<b>a</b>	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>20</b>	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . .		
	If "Yes," explain in Part VI.		
<b>21</b>	Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient? . . . . .		
	If "Yes," explain in Part VI.		

**Part V Facility Information (continued)** HACKETTSTOWN REGIONAL HOSPITAL

**Policy Relating to Emergency Medical Care**

		Yes	No
<b>18</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .		
	If "No," indicate the reasons why (check all that apply):		
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<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		

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<b>19</b>	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):		
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<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
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	If "Yes," explain in Part VI.		
<b>21</b>	Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient? . . . . .		
	If "Yes," explain in Part VI.		

**Part V Facility Information (continued)** ADVENTIST REHAB HOSPITAL OF MD

**Policy Relating to Emergency Medical Care**

		Yes	No
<b>18</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate the reasons why (check all that apply):		
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<b>20</b>	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Part VI.		
<b>21</b>	Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient? . . . . . If "Yes," explain in Part VI.		

**Part V Facility Information (continued)** ADVENTIST BEHAVIORAL HEALTH

**Policy Relating to Emergency Medical Care**

		Yes	No
<b>18</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .		
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**Charges for Medical Care**

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	If "Yes," explain in Part VI.		
<b>21</b>	Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient? . . . . .		
	If "Yes," explain in Part VI.		

**Part V Facility Information** (continued)**Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 12

Name and address	Type of Facility (describe)
<b>1</b> SHADY GROVE NURSING HOME & REHAB 9701 MEDICAL CENTER DRIVE ROCKVILLE MD 20850	SKILLED NURSING HOME
<b>2</b> BRADFORD OAKS NURSING AND REHAB 7520 SURRATTS ROAD CLINTON MD 20735	SKILLED NURSING HOME
<b>3</b> GLADE VALLEY NURSING AND REHAB 56 WEST PATRICK STREET WALKERSVILLE MD 21793	SKILLED NURSING HOME
<b>4</b> ADVENTIST BEHAVIORAL HEALTH AT E. SHORE 821 FIELDCREST ROAD CAMBRIDGE MD 21613	SPECIALTY HOSPITAL WITH BEDS
<b>5</b> FAIRLAND NURSING & REHAB CENTER 2101 FAIRLAND ROAD SILVER SPRING MD 20904	SKILLED NURSING HOME
<b>6</b> SLIGO CREEK NURSING & REHABILITATION 7525 CARROLL AVENE TAKOMA PARK MD 20912	SKILLED NURSING HOME
<b>7</b> ADVENTIST BEHAVIORAL HEALTH-A. ARUNDEL 14 ROMIG DRIVE CROWNSVILLE MD 21032	BEHAVIORAL TREATMENT FACILITY
<b>8</b> SPRINGBROOK ADVENTIST NURSING REHAB 1235 NEW HAMPSHIRE AVE SILVER SPRING MD 20904	SKILLED NURSING HOME
<b>9</b> REGINALD S. LOURIE CENTER FOR INFANTS 12301 ACADEMY WAY ROCKVILLE MD 20852	INFANT & YOUNG CHILDREN DEV.
<b>10</b> SHADY GROVE ADVENTIST RADIATION ONCOLOGY 40 WEST GUDE DR ROCKVILLE MD 20850	OUTPATIENT CANCER TREATMENT

Schedule H (Form 990) 2010

**Part V Facility Information** *(continued)*

**Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> ADVENTIST HOME HEALTH 12041 BORNEGIELD WAY, SUITE B SILVER SPRING MD 20904	HOME HEALTHCARE SERVICES
<b>2</b> SHADY GROVE ADVENTIST EMERGENCY CENTER 19731 GERMANTOWN ROAD GERMANTOWN MD 20874	OUTPATIENT CANCER TREATMNT CTR
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

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CRITERIA FOR FREE OR DISCOUNTED CARE

SCHEDULE H, PART I, LINE 3C

IN CONSIDERATION FOR FINANCIAL ASSISTANCE TO OUR PATIENTS, AHC ALSO

CONSIDERS CIRCUMSTANCES BEYOND INCOME. OUR CIRCUMSTANCES COULD INCLUDE

THE NEEDS OF THE PATIENT AND/OR FAMILY AND OTHER FINANCIAL RESOURCES. IT

IS OUR MISSION TO PROVIDE NECESSARY MEDICAL CARE TO THOSE WHO ARE UNABLE

TO PAY FOR THAT CARE. IN GENERAL, AHC HAS 5 LEVELS OF FINANCIAL

ASSISTANCE. THEY ARE AS FOLLOWS:

- ANNUAL INCOME <= 2.0X OF FPL, 0% PATIENT PAID

- ANNUAL INCOME > 2.0X AND <= 2.25X OF FPL, 50% PATIENT PAID

- ANNUAL INCOME > 2.25X AND <= 2.5X OF FPL, 60% PATIENT PAID

- ANNUAL INCOME > 2.5X AND <= 2.75X OF FPL, 70% PATIENT PAID

- ANNUAL INCOME >2.75X AND <= 3.0X OF FPL, 80% PATIENT PAID

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BAD DEBT EXCLUDED

SCHEDULE H, PART I, LINE 7, COLUMN F

THE AMOUNT OF BAD DEBT REMOVED FROM TOTAL EXPENSES IN ORDER TO COMPUTE

THE PERCENTAGES IN COLUMN F WAS \$26,303,670.

SUBSIDIZED HEALTH SERVICES

SCHEDULE H, PART I, LINE 7G

SUBSIDIZED HEALTH SERVICES INCLUDED PAYMENTS FOR NON-EMPLOYED BUT

HOSPITAL-BASED PHYSICIANS, NON-RESIDENT HOSPITAL STAFF, HOSPITALISTS,

EMERGENCY ON-CALL, OFF-CAMPUS EMERGENCY CENTER, AND WOMEN'S AND CHILDREN'S

SERVICES SUBSIDIES.

COSTING METHODOLOGY

SCHEDULE H, PART I, LINE 7

MARYLAND'S UNIQUE ALL PAYER SYSTEM INCLUDES A METHOD FOR REFERENCING

UNCOMPENSATED CARE IN EACH PAYOR'S RATES, WHICH DOES NOT ENABLE MARYLAND

HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED

CARE.

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FOR THE REPORTING OF COMMUNITY BENEFIT, AHC USED MEDICARE'S COST REPORT  
 METHODOLOGY OF COST TO CHARGE RATIO. THE COST TO CHARGE RATIO WAS USED  
 TO REDUCE THE YEARLY CHARITY CARE PROVISION FROM CHARGE TO COST.

AHC ALSO APPLIED THE COST TO CHARGE RATIO TO BAD DEBT EXPENSES AND  
 ADMINISTRATIVE DEDUCTION TO COST.

IN ADDITION, AHC ALSO CONSIDERED GOVERNMENT ASSESSMENTS THROUGH THE  
 STATE'S HEALTH SERVICE COST REGULATORY AGENCY AND OTHER RELATED STATE  
 GOVERNMENT AGENCIES.

AHC COMPUTED THE COMMUNITY BENEFITS BY ITS HOSPITAL FACILITIES AND  
 AGGREGATED THE TOTAL.

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BAD DEBT EXPENSE

SCHEDULE H, PART III, LINE 4

PATIENT ACCOUNTS ARE WRITTEN OFF WHEN THEY ARE DETERMINED TO BE

UNCOLLECTIBLE BASED UPON MANAGEMENT'S ASSESSMENT OF INDIVIDUAL ACCOUNTS.

THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS ESTIMATED BASED UPON A

PERIODIC REVIEW OF THE ACCOUNTS RECEIVABLE AGING, PAYOR CLASSIFICATIONS

AND APPLICATION OF HISTORICAL WRITE-OFF PERCENTAGES.

AS PRESCRIBED BY HFMA STATEMENT 15, THERE ARE INSTANCES IN WHICH OUR

COLLECTION EFFORTS PROVIDE INFORMATION THAT HELPS US DETERMINE IF AN

ACCOUNT ACTUALLY QUALIFIES FOR CHARITY CARE. WHEN THIS OCCURS, WE RECORD

THIS CHANGE IN OUR BILLING AND COLLECTION SYSTEM USING A UNIQUE SERVICE

CODE. WE PREPARED AN ANALYSIS THAT PROVIDED US WITH A RATIO OF BAD DEBT

ACCOUNTS THAT WERE SUBSEQUENTLY RECLASSIFIED AS CHARITY CARE. WE THEN

MULTIPLIED THAT RATIO TIMES OUR BAD DEBT PROVISIONS TO DETERMINE THE

AMOUNT OF BAD DEBT THAT WE BELIEVE WILL ULTIMATELY MEET OUR CRITERIA FOR

CHARITY CARE.

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MEDICARE COST REPORT

SCHEDULE H, PART III, LINE 8

IT IS IMPORTANT TO RECOGNIZE THAT MARYLAND IS EXEMPT FROM MEDICARE

REIMBURSEMENT METHODOLOGY AND ALL PAYORS (INCLUDING MEDICARE AND

MEDICAID) PAY THE HOSPITALS' CHARGES, WHICH IN TURN IS REGULATED BY THE

STATE OF MARYLAND'S COMMISSION ON A CASE MIX ADJUSTED CHARGE PER CASE

BASIS. SPECIFICALLY, MEDICARE AND MEDICAID ENJOY A DISCOUNT OF 4 TO 4.25%

OF CHARGES WITHOUT AN ADVANCE FUNDING DEPOSIT WITH PROVIDERS. THERE

SHOULD BE NO SHORTFALL, AND THEREFORE NO COUNT TOWARD COMMUNITY BENEFIT.

AHC USED MEDICARE'S COST REPORT STEP DOWN AND INDIRECT COST ALLOCATION TO

COMPUTE COST TO CHARGE RATIO TO ASSESS THE LEVEL OF COMMUNITY BENEFITS IN

PROVIDING BAD DEBT, CHARITY AND ADMINISTRATIVE DEDUCTIONS. SINCE

MARYLAND'S COST REGULATION COMMISSION AND RELATED AGENCIES ALSO ASSESS

HOSPITAL PROVIDERS TO SUBSIDIZE MEDICAID AND DISPROPORTIONATE SHARE

HOSPITAL PROVIDERS, THESE ASSESSMENTS ARE ALSO COUNTED TOWARD COMMUNITY

BENEFITS.

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COLLECTION PRACTICES

SCHEDULE H, PART III, LINE 9B

AHC PROVIDES QUALITY MEDICAL SERVICES REGARDLESS OF A PATIENT'S ABILITY TO

PAY, RACE, CREED, SEX, AGE, NATIONAL ORIGIN OR FINANCIAL STATUS. OUR

FINANCIAL ASSISTANCE POLICY ENCOURAGES THE PATIENT AND THEIR

REPRESENTATIVE TO COOPERATE WITH AND AVAIL THEMSELVES OF ALL AVAILABLE

PROGRAMS (INCLUDING MEDICAID, WORKERS COMPENSATION, AND STATE AND LOCAL

PROGRAMS) WHICH MIGHT PROVIDE COVERAGE. OUR REGISTRATION, FINANCIAL

COUNSELOR, CUSTOMER SERVICE, AND COLLECTION STAFF WOULD BE THOROUGHLY

FAMILIAR WITH THE CRITERIA AND PROCESS OF FINANCIAL ASSISTANCE. FINANCIAL

ASSISTANCE PROCESS AND COLLECTION PROTOCOL ARE WELL DEFINED WITH MANAGERS

AVAILABLE TO GUIDE AND HANDLE EXCEPTION SITUATIONS. OUTSOURCED AGENCIES

AND COLLECTIONS FIRMS ARE EXPECTED TO ADHERE TO AHC'S POLICY WITHOUT

EXCEPTIONS. BAD DEBT, CHARITY AND ADMINISTRATIVE WRITE-OFFS ARE CLEARLY

DEFINED WITH PRE-DETERMINED AUTHORIZATION LEVELS DEPENDING ON THE

MAGNITUDE GRANTED. AHC ALSO REVISES ITS FINANCIAL ASSISTANCE POLICY AS

FEDERAL GOVERNMENT AND/OR STATE GOVERNMENT REVISE THEIR POVERTY

GUIDELINES. OVERALL, AHC EXPECTS ITS STAFF TO TREAT ITS PATIENTS WITH

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DIGNITY AND RESPECT, AS IF THEY WOULD LIKE TO BE TREATED.

COMMUNITY HEALTH CARE NEEDS ASSESSMENT

SCHEDULE H, PART VI, LINE 2

ADVENTIST HEALTHCARE ("AHC") COLLABORATES WITH ALL FIVE COUNTY HOSPITALS

AN AREA INSURER, A LOCAL NOT-FOR-PROFIT ORGANIZATION, THE COUNTY'S DHHS,

AND THE OFFICE OF A COUNCIL MEMBER TO ADDRESS THE HEALTH CARE NEEDS OF

THE COMMUNITY. AHC'S EXECUTIVES ARE ACTIVE PARTICIPANTS OF THE HEALTHY

MONTGOMERY STEERING COMMITTEE. THE IMPROVEMENT PROCESS INCLUDES DATA

COLLECTION, IDENTIFICATION OF AREAS FOR IMPROVEMENT, PRIORITY-SETTING,

COLLABORATIVE EFFORTS AND MONITORING THE SUCCESS OF THE IMPROVEMENT. WE

ARE DEVELOPING A DATA DEPOSITORY THROUGH INTRADEPARTMENTAL COLLABORATION

IN THE DHHS. POPULATION-BASED DATA, HEALTH SERVICES UTILIZATION, SOCIAL

AND ENVIRONMENTAL DETERMINANTS OF HEALTH INCLUDING SOCIO-ECONOMIC STATUS,

SOCIAL ISOLATION, HOUSING AND AIR QUALITY ARE STORED IN THE HEALTHY

MONTGOMERY WEBSITE THAT ENABLE ESTIMATES FOR STANDARDIZED METRICS TO BE

DERIVED FOR SMALL SUB-GROUPS WITHIN THE COUNTY, INCLUDING COMBINATION OF

GENDER, AGE, RACE, AND ETHNICITY-SPECIFIC CATEGORY RESULTS. WE ARE ALSO

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MAKING CONNECTIONS WITH NEARBY COUNTIES TO SHARE OUR INFORMATION AND MAKE  
IT AVAILABLE FOR ASSESSMENT PURPOSES.

ELIGIBILITY EDUCATION

SCHEDULE H, PART VI, LINE 3

AHC EDUCATES OUR PATIENTS AND COMMUNITY RESIDENTS ABOUT CHARITY CARE AND  
FINANCIAL ASSISTANCE IN MANY WAYS. THEY INCLUDE, BUT ARE NOT LIMITED TO  
THE FOLLOWING: (1) AHC HAS FINANCIAL ASSISTANCE SIGNAGE IN ALL ITS  
FACILITIES, ON ALL PATIENT STATEMENTS AND ON OUR HOSPITALS' WEBSITE; (2)  
PATIENTS THAT ARE REGISTERED AS SELF PAY OR WITH NO INSURANCE, ARE  
INFORMED ABOUT THE HOSPITAL'S CHARITY CARE POLICY AND GIVEN A CHARITY  
APPLICATION; (3) WHEN GOING THROUGH THE MEDICAID ELIGIBILITY SCREENING,  
SELF PAY PATIENTS ARE GIVEN A CHARITY APPLICATION DURING THAT PROCESS JUST  
IN CASE THE PATIENT DOES NOT QUALIFY FOR MEDICAID; (4) WHEN PATIENTS WITH  
A BALANCE CONTACT THE COLLECTION DEPARTMENT AND EXPRESS FINANCIAL  
HARDSHIP, CUSTOMER SERVICE REPS AND SELF PAY COLLECTORS WILL MAIL A  
CHARITY APPLICATION TO THE PATIENT; AND (5) RESIDENTS THAT PARTICIPATE IN  
OUR COMMUNITY PROGRAMS, SUCH AS BREAST CANCER, MATERNITY, ETC., ARE

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INFORMED OF AHC'S CHARITY PROGRAM PRIOR TO RECEIVING SERVICES.

DESCRIPTION OF COMMUNITY SERVED

SCHEDULE H, PART VI, LINE 4

AHC SERVICE AREAS ARE SITUATED IN THE WASHINGTON/BALTIMORE METROPOLITAN AREA. SPECIFICALLY, WASHINGTON ADVENTIST HOSPITAL (WAH) DRAWS PATIENTS FROM AREAS SUCH AS SILVER SPRING, TAKOMA PARK, GAITHERSBURG, POTOMAC, ROCKVILLE, DISTRICT OF COLUMBIA AND THEIR SURROUNDING AREAS. SHADY GROVE ADVENTIST HOSPITAL (SGAH) DRAWS ITS PATIENTS FROM ROCKVILLE, GAITHERSBURG, SILVER SPRING, GERMANTOWN, FREDERICK, AND NORTH AND EAST OF THE DISTRICT OF COLUMBIA. THESE COMMUNITIES ARE RICH AND DIVERSE WITH GROWING PROPORTIONS OF ETHNIC RESIDENTS, MANY OF WHOM ARE FOREIGN-BORN. IN FACT, NEARLY 30% OF MONTGOMERY COUNTY RESIDENTS WERE BORN OUTSIDE OF THE UNITED STATES. THE COUNTY HAS A STRONG AND GROWING REPRESENTATION OF ASIAN AMERICANS, CONTINENTAL AFRICANS, LATIN AMERICANS, AND AFRICAN AMERICANS. THE DIVERSITY WITHIN THESE GROUPS IS TREMENDOUS.

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PROMOTING THE HEALTH OF THE COMMUNITY

SCHEDULE H, PART VI, LINE 5

AS THE FIRST, LARGEST AND ONLY NOT-FOR-PROFIT HEALTH SYSTEM HEADQUARTERED

IN MONTGOMERY COUNTY, MARYLAND, ADVENTIST HEALTHCARE HAS MORE THAN A

CENTURY-LONG TRADITION OF SERVING THE COMMUNITY. WE HAVE DEEP ROOTS

WORKING FOR AND WITHIN THE COMMUNITY, WHICH GIVES US SPECIAL INSIGHT TO

IDENTIFY AND MEET COMMUNITY HEALTH NEEDS WITH IMPORTANT SERVICES AND

RESOURCES. THIS COLLABORATION HELPS US TO IMPROVE THE HEALTH STATUS AND

QUALITY OF LIFE FOR OUR RESIDENTS, ESPECIALLY FOR UNDERSERVED GROUPS SUCH

AS THE UNINSURED AND MINORITIES. EACH YEAR, ADVENTIST HEALTHCARE ENHANCES

OUR CONTRIBUTIONS AND COLLABORATIVE PARTNERSHIPS TO ADDRESS COMMUNITY

NEEDS AND PRIORITIES.

HERE ARE SOME SNAPSHOTS OF ADVENTIST HEALTHCARE'S WORK IN THE COMMUNITY

IN 2010, WHICH RESULTED IN MORE THAN 208,000 ENCOUNTERS.

\*\* 3,683 ENCOUNTERS IN HEALTH & WELLNESS COMMUNITY OUTREACH WERE PROVIDED

THROUGH 47 HEALTH FAIRS HELD THROUGHOUT MONTGOMERY AND PRINCE GEORGE'S

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COUNTIES, INCLUDING THE HOLIDAY FOOD AND FITNESS EXPO IN PRINCE GEORGE'S  
 COUNTY AND THE MONTGOMERY COUNTY AGRICULTURAL FAIR IN GAITHERSBURG.

\*\* 2,019 ENCOUNTERS IN COMMUNITY HEALTH EDUCATION WERE PROVIDED THROUGH  
 83 SCREENING AND LECTURE EVENTS AT LOCATIONS INCLUDING BOWIE SENIOR  
 CENTER, TAKOMA PARK SENIOR CENTER, LONG BRANCH COMMUNITY CENTER,  
 ROCKVILLE SENIOR CENTER, DAMASCUS SENIOR CENTER AND GAITHERSBURG SENIOR  
 CENTER.

\*\* 1,408 FREE OR LOW-COST INFLUENZA VACCINES WERE GIVEN AT 46 FLU CLINICS  
 HELD AT LOCAL COMMUNITY AND SENIOR CENTERS THROUGH ADVENTIST HEALTHCARE'S  
 HELP STOP THE FLU CAMPAIGN.

THROUGH OUR COMMUNITY HEALTH SERVICES, ADDITIONAL FREE OUTREACH PROGRAMS,  
 LECTURES AND SCREENINGS WERE HELD TO HELP PEOPLE IN THE COMMUNITY LEARN  
 THEIR RISKS FOR CARDIOVASCULAR DISEASE, HEART DISEASE AND OVERALL HEALTH.  
 FOR THESE EVENTS, WE PARTNERED WITH GROUPS INCLUDING THE AFRICAN AMERICAN  
 HEALTH PROGRAM OF MONTGOMERY COUNTY, MONTGOMERY COUNTY COMMUNITY AND

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SENIOR CENTERS, CORONARY HEALTH IMPROVEMENT PROGRAM, PLUS 15 LIFESTYLE

CHANGE PROGRAM AND THE CENTRAL COUNTY COALITION OF PRINCE GEORGE'S

COUNTY.

IN 2010, MORE THAN 11,000 MEMBERS OF OUR COMMUNITY TOOK PART IN ALMOST

500 MATERNAL/CHILD HEALTH EDUCATION PROGRAMS AT SHADY GROVE ADVENTIST AND

WASHINGTON ADVENTIST HOSPITALS INCLUDING DROP-IN, WEEKLY SUPPORT GROUPS

FOR BREASTFEEDING AND PARENTING ADVICE AND CLASSES TO PREPARE FAMILY

MEMBERS FOR WHEN A NEW BABY ARRIVES.

SHADY GROVE ADVENTIST HOSPITAL'S GERMANTOWN PRENATAL CENTER PROVIDES

OBSTETRICAL CARE TO UNINSURED WOMEN THROUGH THE MONTGOMERY COUNTY

MATERNITY PARTNERSHIP PROGRAM, INCLUDING PRE-AND POST-NATAL CARE, GENERAL

GYNECOLOGICAL CARE AS WELL AS FAMILY PLANNING SERVICES TO PATIENTS.

WASHINGTON ADVENTIST HOSPITAL CONTINUES TO PROVIDE CANCER SCREENINGS AND

SERVICES TO UNINSURED/UNDERINSURED INDIVIDUALS REACHED THROUGH OUR BREAST

CANCER SCREENING PROGRAM, ANNUAL CANCER SCREENING DAYS AND WORK WITH THE

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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MONTGOMERY COUNTY CANCER CRUSADE.

SHADY GROVE ADVENTIST HOSPITAL ALSO HOLDS ANNUAL CANCER SCREENING DAYS

AND PARTNERS WITH THE MONTGOMERY COUNTY WOMEN'S CANCER CONTROL PROGRAM

AND MARYLAND'S BREAST AND CERVICAL DIAGNOSIS TREATMENT PROGRAM TO OFFER

SCREENINGS, PATIENT EDUCATION AND ACCESS TO TREATMENT FOR LOW-INCOME

WOMEN AGES 40 AND OLDER.

IN ADDITION TO THE SERVICES AND PROGRAMS FOR OFFER TO PROMOTE COMMUNITY

HEALTH, WE HAVE ALSO PARTNERED WITH MANY COMMUNITY GROUPS TO ENSURE THE

EDUCATION OF FUTURE HEALTH CARE PROFESSIONALS WHO MAY THEN FILL A GROWING

NEED IN OUR REGION.

\*\* ADVENTIST HEALTHCARE HAS PARTNERED WITH MANY OF MONTGOMERY COUNTY'S

QUALITY EDUCATION INSTITUTIONS - THE UNIVERSITIES AT SHADY GROVE,

WASHINGTON ADVENTIST UNIVERSITY AND MONTGOMERY COLLEGE- TO PROVIDE

SCHOLARSHIPS FOR THOSE STUDENTS INTERESTED IN A REWARDING HEALTH-CARE

CAREER.

**Part VI Supplemental Information**

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\*\* WE PROVIDE THE LARGEST CLINICAL PARTNERSHIP FOR MONTGOMERY COLLEGE'S  
 NURSE TRAINING PROGRAM AND ALSO PROVIDE CLINICAL TRAINING FOR NURSING  
 STUDENTS AT CARROLL COMMUNITY COLLEGE, FREDERICK COMMUNITY COLLEGE,  
 GEORGETOWN UNIVERSITY, HOWARD COMMUNITY COLLEGE, PRINCE GEORGE'S  
 COMMUNITY COLLEGE, THE UNIVERSITY OF MARYLAND AND WASHINGTON ADVENTIST  
 UNIVERSITY.

\*\* WE SUPPORT ADDITIONAL NURSING PROGRAMS, AS WITH OUR \$1.5 MILLION  
 COMMITMENT TO THE MARYLAND HOSPITAL ASSOCIATION'S "WHO WILL CARE?"  
 CAMPAIGN FOR NURSING EDUCATION, WHICH SUPPORTS THE CARE OF LOCAL  
 RESIDENTS.

\*\* OUR SHADY GROVE LIFE SCIENCES CENTER EVENTS AND PROGRAMS GIVE LOCAL  
 STUDENTS THE OPPORTUNITY TO EXPERIENCE CAREERS IN HEALTH CARE AND SCIENCE  
 AS A FUTURE PROFESSION.

\*\* THE ADVENTIST HEALTHCARE CLINICAL PASTORAL EDUCATION (CPE) CENTER

**Part VI Supplemental Information**

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OFFERS AN INTERFAITH PROFESSIONAL EDUCATION FOR THEOLOGICAL STUDENTS AND  
 MINISTERS INTO SUPERVISED ENCOUNTERS WITH PERSONS IN CRISIS. SINCE 2005,  
 66 STUDENTS HAVE GRADUATED FROM THE PROGRAM. CPE GRADUATES ARE CLINICALLY  
 TRAINED CHAPLAINS WHO WORK IN DIVERSE HEALTH CARE SETTINGS INCLUDING  
 GENERAL AND ACUTE CARE, CHILDREN'S HOSPITALS, PSYCHIATRIC, MILITARY,  
 GERIATRIC CENTERS, HOSPICES, PARISHES, MENTAL HEALTH FACILITIES AND  
 CORRECTIONAL INSTITUTIONS.

ADVENTIST HEALTHCARE CONTINUES TO INNOVATE AND EXPAND THE RANGE OF OUR  
 SERVICES TO BUILD ON THE STRONG FOUNDATION WE HAVE LAID FOR A HEALTHY,  
 ENGAGED COMMUNITY. THE IMPORTANT PARTNERSHIPS AND RELATIONSHIPS WE HAVE  
 DEVELOPED WITH MERCY CLINIC, MARY'S CENTER AND MOBILEMED HELP US TO  
 AUGMENT HEALTH CARE IN LOWER MONTGOMERY AND PRINCE GEORGE'S COUNTIES AS  
 WELL AS UPPER MONTGOMERY AND LOWER FREDERICK COUNTIES. THESE ARE AREAS  
 WHERE NUMEROUS RESIDENTS MAY BE UNDERSERVED, EITHER BY BEING UNINSURED,  
 OR IN AN AREA WHERE HEALTH SERVICES MAY BE LOCATED FAR AWAY.

THE MERCY HEALTH CLINIC IN GAITHERSBURG HAS BENEFITED FROM OUR SERVICES

**Part VI Supplemental Information**

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INCLUDING LABORATORY SUPPORT, BLOOD TESTS AND OTHER DIAGNOSTIC SERVICES.

IN THE LONG BRANCH SECTION OF SILVER SPRING, OUR PARTNERSHIP WITH MARY'S

CENTER PROVIDES A FULL RANGE OF SERVICES FROM PRENATAL CARE TO

PEDIATRIC/ADOLESCENT HEALTH SERVICES TO WOMEN'S SERVICES TO

SOCIAL-SERVICES PROGRAMS. OUR WORK WITH MOBILE MED IN ITS GERMANTOWN

LOCATION AND ITS MOBILE MEDICAL VAN ENABLES REGULAR MEDICAL CARE, SUCH AS

ROUTINE PHYSICALS, FOR UNINSURED AND LOW-INCOME RESIDENTS.

WE ALSO PROVIDE SPECIALIZED SERVICES AND CARE THAT ARE UNIQUE AND VITAL

TO THE COMMUNITY. IN JANUARY 2010, SHADY GROVE ADVENTIST HOSPITAL'S

FORENSIC MEDICAL UNIT, FORMERLY THE SEXUAL ABUSE AND ASSAULT CENTER,

MARKED ITS MOVE TO NEW AND EXPANDED SPACE. THE UNIT, WHICH IS THE ONLY

ONE IN MONTGOMERY COUNTY, PROVIDES FORENSIC EVIDENCE COLLECTION AND

SPECIALIZED MEDICAL CARE TO WOMEN, MEN AND CHILDREN WHO ARE VICTIMS OF

SEXUAL ASSAULT AND ABUSE. SHADY GROVE ADVENTIST HOSPITAL'S FORENSIC

MEDICAL UNIT TREATS ABOUT 200 PATIENTS EACH YEAR.

ADVENTIST HEALTHCARE SUPPORTS THE COMMUNITY WITH MORE THAN JUST HEALTH

**Part VI Supplemental Information**

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CARE SERVICES. WE ALSO CONTRIBUTE OUR EXPERTISE AND RESOURCES TO PROGRAMS  
 THAT ADDRESS COMMUNITY ISSUES SUCH AS WORKFORCE DEVELOPMENT, HOUSING,  
 DISASTER READINESS AND HEALTH ADVOCACY.

THE FOLLOWING LIST IS OF COMMUNITY GROUPS WITH WHICH WE ARE COALITION  
 MEMBERS OR LEADERS, OR ONES THAT OUR EMPLOYEES SUPPORT WITH THEIR TIME.

ADVENTIST CHAPLAINCY MINISTRIES-NORTH ,AMERICAN DIVISION, ADVENTIST  
 DEVELOPMENT RELIEF AGENCY (ADRA), ADVENTIST HEALTH SYSTEM, ADVENTIST  
 WORLD RADIO BOARD OF DIRECTORS, ATLANTIC UNION COLLEGE, BLACKROCK CENTER  
 FOR THE ARTS, CORRIDOR CITIES TRANSITWAY COALITION, CRIME SOLVERS OF  
 MONTGOMERY COUNTY, GAITHERSBURG-GERMANTOWN CHAMBER OF COMMERCE,  
 GOVERNOR'S P-20 LEADERSHIP COUNCIL OF MARYLAND, GOVERNOR'S WORKFORCE  
 INVESTMENT BOARD, GREATER SILVER SPRING CHAMBER OF COMMERCE, HEALTHCARE  
 FINANCIAL MANAGEMENT ASSOCIATION, IMPACT SILVER SPRING COUNCIL OF  
 ADVISORS, LEADERSHIP MONTGOMERY, MANNA FOOD CENTER, MARYLAND HOSPITAL  
 ASSOCIATION, MARYLAND PATIENT SAFETY CENTER, MARYLAND WORKFORCE  
 CORPORATION BOARD, MENTAL HEALTH ASSOCIATION OF MONTGOMERY COUNTY,

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METROPOLITAN WASHINGTON COUNCIL OF GOVERNMENTS, TASK WORKFORCE,

MONTGOMERY BUSINESS DEVELOPMENT CORPORATION, MONTGOMERY COUNTY

BIOSCIENCES TASK FORCE, MONTGOMERY COUNTY CHAMBER OF COMMERCE, MONTGOMERY

COUNTY CHAMBER OF COMMERCE FOUNDATION BOARD, MONTGOMERY COUNTY COMMISSION

ON HEALTH, MONTGOMERY COUNTY ECONOMIC ADVISORY COUNCIL, MONTGOMERY COUNTY

EMERGENCY PREPAREDNESS COLLABORATION (MOCEP), MONTGOMERY COUNTY HOUSING

PARTNERSHIP, MONTGOMERY HOSPICE, NATIONAL GOVERNORS ASSOCIATION,

REBUILDING TOGETHER MONTGOMERY COUNTY, REGION V HEALTH AND MEDICAL TASK

FORCE OF EMERGENCY PREPAREDNESS, SHADY GROVE LIFE SCIENCE BIO TECH

ASSOCIATION, SLIGO SEVENTH-DAY ADVENTIST CHURCH, STRATHMORE HALL

FOUNDATION BOARD, INC., THE UNIVERSITIES AT SHADY GROVE, WASHINGTON

ADVENTIST UNIVERSITY.

AFFILIATED HEALTH CARE SYSTEM ROLES

SCHEDULE H, PART VI, LINE 6

AHC IS AN INTEGRATED HEALTH DELIVERY SYSTEM WITH ACUTE HOSPITALS, REHAB

AND BEHAVIORAL HEALTH HOSPITALS, NURSING HOMES, HOME HEALTH AGENCIES,

GROUP HOME, PHYSICIAN PRACTICES, AND FOR PROFIT HEALTH RELATED ENTITIES.

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AHC EXPECTS OUR OPERATING DIVISION TO BE EFFICIENT IN HEALTH SERVICES  
 DELIVERY AND INVOLVED IN THE LOCAL COMMUNITY WHILE THE OVERALL PLANNING  
 AND INVOLVEMENT IN THE COMMUNITY ARE COORDINATED THROUGH THE CORPORATE  
 OFFICE. THE PURPOSE IS NOT TO CREATE REDUNDANCY AND INEFFECTIVE USES OF  
 RESOURCES.

COMMUNITY BENEFIT REPORT STATE FILINGS  
 SCHEDULE H, PART VI, LINE 7  
 MARYLAND

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

ADVENTIST HEALTHCARE, INC.

Employer identification number

52-1532556

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ADRA INTERNATIONAL 12501 OLD COLUMBIA PIKE, SILVER SPRING, MD	521314847	501 (C) (3)	12,500.				HAITI RELIEF FUND
(2)	AMERICAN RED CROSS P.O. BOX 37243 WASHINGTON, DC 20013	530196605	501 (C) (3)	12,500.				HAITI RELIEF FUND
(3)	CASA OF MARLAND, INC. 310 TULIP AVE TAKOMA PARK, MD 20917	521322972	501 (C) (3)	500,000.				COMMUNITY SERVICES
(4)	CITY OF TAKOMA PARK 7500 MAPLE AVE TAKOMA PARK, MD 20912	526000808	501 (C) (3)	150,000.				TAKOMA PARK COMM CTR
(5)	COLUMBIA UNION CONF 5427 TWIN KNOLLS RD COLUMBIA, MD 21045	520664576	501 (C) (6)	87,500.				2000 YRS OF CHRISTIA
(6)	GREATER SILVER SPRING 8601 GEORGIA AVE #203, SILVER SPRING, MD	521813227	501 (C) (3)	18,250.				PROMOTE HEALTH SERVI
(7)	HRMCF 651 WILLOW GROVE ST. HACKETTSTOWN, NJ 07840	222333410	501 (C) (3)	10,000.				GOLF TOURNAMENT/COTI
(8)	IMPACT SILVER SPRING 825 WAYNE AVE. SILVER SPRING, MD 20910	522164844	501 (C) (3)	15,000.				LEADERSHIP DEVELOPME
(9)	LEADERSHIP MONTGOMERY 5705 ARUNDEL AVE STE 200, ROCKVILLE, MD	521627257	501 (C) (3)	17,500.				CLASS PROGRAM SPONSO
(10)	MARYLAND HEALTHCARE ED 6820 DEERPATH RD ELKRIDGE, MD 21075	529001664	501 (C) (3)	300,000.				EDU SUPPORT THRU MHA
(11)	MARY'S CENTER 2333 ONTARIO RD. N.W. WASHINGTON, MD 20009	521594116	501 (C) (3)	255,000.				HEALTHCARE FOR UNI N
(12)	MOBILE MEDICAL CARE 9309 OLD GEORGETOWN RD. BETHESDA, MD 20814	237022588	501 (C) (3)	425,000.				FREE/LOW COST HEALTH

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

ADVENTIST HEALTHCARE, INC.

Employer identification number

52-1532556

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	MONTGOMERY CO. CHAMBER 451 HUNGERFORD DR. #515 ROCKVILLE, MD 20850	520735621	501 (C) (3)	31,000.				LEADERSHIP PUBLIC SA
(2)	MONTGOMERY COUNTY BUSINESS ROUNDABLE FOR ED 451 HUNGERFORD DR. ROCKVILLE, MD 20850	412047342	501 (C) (3)	12,000.				2010 CONTRIBUTION
(3)	MONTGOMERY HOSPICE 1355 PICCARD DR. ROCKVILLE, MD 20850	521114719	501 (C) (3)	7,500.				2010 CONTRIBUTION
(4)	PSI-PHILANTHROPIC SERV 12501 OLD COLUMBIA PIKE	520643036		7,736.				PROGRAM SERVICES
(5)	SALISBURY UNIVERSITY FDTN P.O. BOX 2655 SALISBURY, MD 21802	521127396	501 (C) (3)	20,000.				EDUCATION SUPPORT
(6)	SGAHF 1801 RESEARCH BLVD. SUITE 400	521216429	501 (C) (3)	10,000.				HEALTHY COMMUNITY FU
(7)	STATE LEGISLATIVE LEADERS FOUNDATION, INC. 1645 FALMOUTH RD. BLDG D.	237148478	501 (C) (3)	12,500.				NAT SPEAKERS CONFERE
(8)	STRATHMORE HALL FDTN 5301 TUCKERMAN LANE N. BETHESDA, MD 20852	521233092	501 (C) (3)	10,000.				PROMOTE PERFORMING A
(9)	WAH FOUNDATION 1801 RESEARCH BLVD, STE 400	52-1692158	501 (C) (3)	10,000.				HEALTHY COMMUNITY FU
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations 20

3 Enter total number of other organizations 1

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
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7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURE FOR MONITORING USE OF GRANT FUNDS INSIDE U.S.

SCHEDULE I, PART I, LINE 2

THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND SEEKS TO SUPPORT AND PARTNER WITH COMMUNITY-BASED ORGANIZATIONS TO IMPROVE BOTH OVERALL COMMUNITY HEALTH AND THE HEALTH CARE SYSTEM. THE COMMUNITY PARTNERSHIP FUND WILL CHANNEL ITS INVESTMENTS INTO AREAS OF FOCUS THAT WILL IMPROVE COMMUNITY HEALTH. THESE INVESTMENTS INCLUDE, BUT ARE NOT LIMITED TO: WORKING TO INCREASE ACCESS FOR THE UNDERSERVED, DISSEMINATING CARE IMPROVEMENTS, ADDRESSING SOCIAL DETERMINANTS OF HEALTH, AND INFLUENCING PUBLIC POLICY.

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

AREAS OF FOCUS:

PROJECTS THAT WILL IMPROVE CULTURALLY COMPETENT CARE AND LINGUISTIC SERVICES, HEALTH DISPARITIES RESEARCH PROJECTS, AND EDUCATIONAL CONFERENCES THAT WILL ADDRESS THE NEEDS OF VULNERABLE POPULATIONS

PROGRAMS THAT PROMOTE HEALTH AND WELLNESS IN THE AREAS OF CANCER AND CARDIOVASCULAR SERVICES

PROJECTS THAT WILL RESULT IN THE EXPANSION OF HEALTH SERVICES

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PARTICULARLY IN SERVING THE UNDERSERVED AND UNINSURED IN THE AREA

INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTE HEALTHCARE CAREERS, AND  
POLICY ADVOCACY

ASSESSMENT CRITERIA (RANKED IN ORDER OF IMPORTANCE)

1. FACILITATES ACCOMPLISHMENT OF AHC GOALS (20%)

STRATEGIC FIT BETWEEN PROJECT AND AHC POSITION AS A HEALTH  
ADVOCATE

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

DEMONSTRATES CHANGING PERCEPTION OF AHC BRAND

DEMONSTRATES AHC LEADERSHIP IN CARE AND CLINICAL SERVICES

DEMONSTRATES AHC LEADERSHIP IN HEALTH AND MEDICAL MANAGEMENT

DEMONSTRATES AHC LEADERSHIP IN EDUCATION AND RESEARCH

BRAND REPUTATION OF PARTNER

STABILITY OF PARTNER

LEVERAGES EXISTING RELATIONSHIP AND MAKES IT STRONGER

OPENS NEW DOORS FOR RELATIONSHIP (VS. ONE-TIME OPPORTUNITY WITH LIMITED FUTURE)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

2. COMMUNITY HEALTH IMPACT (IF COMMUNITY BENEFIT IN NATURE) (15%)

TAKES PLACE IN AHC'S AREAS OR REGION OF SERVICE

IDENTIFIES POPULATION-SERVED

ADDRESSES RACIAL AND ETHNIC HEALTH DISPARITIES

3. COST & RESOURCE ISSUES (15%)

COST RELATIVE TO BUDGET

MULTIPLE AHC ENTITIES OR DEPARTMENTS' SUPPORT REQUIRED

CLINICAL PERSONNEL REQUIRED

VALUE FOR INVESTMENT (E.G. COST VS. IMPACT)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

EASE OF EXECUTION

4. FIT WITH CUSTOMER TARGETS (IF COMMERCIAL IN NATURE) (15%)

DEMOGRAPHIC FIT WITH CUSTOMER SEGMENTATION

HOSPITALITY BENEFITS

VIP ENTERTAINMENT BENEFITS

5. OWNERSHIP/VISIBILITY (10%)

TITLE SPONSOR, ORGANIZATION-NAMED ACTIVITY

OPPORTUNITY TO BUILD EQUITY OVER TIME (LONG-TERM OR SHORT-TERM)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

COMMITMENT?)

INDUSTRY CATEGORY EXCLUSIVITY, ABILITY TO PRE-EMPT COMPETITORS

AVOID CLUTTER OF MULTIPLE LAYERS OF SPONSORS

ABILITY TO INFLUENCE CONTENT

6. MEDIA AND PUBLICITY (EXPOSURE) (10%)

QUALITY AND QUANTITY OF OPPORTUNITY FOR MEDIA PLACEMENTS

MEDIA CO-SPONSOR TIE-IN

NEWSWORTHINESS OF ACTIVITY

LATITUDE TO COMMUNICATE AHC MESSAGES OR LOGO-RECOGNITION?

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

7. EMPLOYEE IMPACT (10%)

POTENTIAL TO HAVE POSITIVE IMPACT ON EMPLOYEE MORALE

ABILITY TO REACH EMPLOYEES IN KEY COMMUNITIES

FIT BETWEEN PROJECT AND EMPLOYEES' WORK/FAMILY BALANCE ISSUES

8. GENERAL COMMUNITY IMPACT (5%)

BUILDING OF GOODWILL

DEMONSTRATION OF LEADERSHIP

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ADVENTIST HEALTHCARE, INC.

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Employer identification number

52-1532556

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)          |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization? . . . . . **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . . **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . . **5a**
- b** Any related organization? . . . . . **5b**
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . . **6a**
- b** Any related organization? . . . . . **6b**
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		X
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WILLIAM G. ROBERTSON	(i)	718,510.	191,618.	212,606.	15,900.	30,021.	1,168,655.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 EDMUND F. HODGE	(i)	403,245.	110,100.	180,425.	13,150.	22,380.	729,300.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JAMES G. LEE	(i)	380,873.	109,417.	84,139.	13,150.	14,424.	602,003.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 GAUROV DAYAL	(i)	343,826.	93,240.	103,758.	13,150.	17,983.	571,957.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 SUSAN L. GLOVER	(i)	251,902.	61,756.	45,677.	12,636.	25,835.	397,806.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 DENNIS HANSEN	(i)	408,863.	120,502.	92,782.	12,615.	29,039.	663,801.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 JERE STOCKS	(i)	411,146.	18,184.	100,965.	4,900.	23,770.	558,965.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 HISAKO THOMPSON	(i)	232,984.	15,589.	44,880.	4,809.	15,780.	314,042.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 GEORGE CHILD	(i)	233,870.	183,644.	45,010.	11,748.	14,051.	488,323.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 GENE MILTON	(i)	309,445.	92,525.	47,257.	14,333.	47,341.	510,901.	0.
	(ii)	0.	0.	0.	0.	23,597.	23,597.	0.
11 DORIS REINHART	(i)	212,818.	3,397.	29,523.	10,821.	44,588.	301,147.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 KEITH BALLENGER	(i)	153,061.	33,848.	30,918.	8,025.	14,262.	240,114.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 JOYCE PORTELA	(i)	303,180.	30,001.	364,174.	11,136.	17,359.	725,850.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 KENNETH DESTEFANO	(i)	275,559.	75,049.	80,474.	11,860.	19,618.	462,560.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 ELYSE KAPLAN	(i)	253,292.	66,772.	43,244.	12,499.	17,414.	393,221.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 PAULA WIDERLITE	(i)	249,429.	53,495.	57,730.	12,606.	20,217.	393,477.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KATHLEEN DYER	(i)	244,517.	67,328.	40,954.	12,031.	24,506.	389,336.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

CLUB DUES AND POLICY

SCHEDULE J, PART I, LINE 1A AND 1B

ADVENTIST HEALTHCARE OWNS TWO COUNTRY CLUB MEMBERSHIPS WITH A LOCAL COUNTRY CLUB IN ROCKVILLE, MARYLAND. ONE IS USED EXCLUSIVELY FOR BUSINESS GROUP MEETINGS BY THE COMPANY. NO EXECUTIVE IS ALLOWED TO USE IT FOR PERSONAL ENJOYMENT.

ANOTHER ACCOUNT IS USED EXCLUSIVELY BY MR. KENNETH B. DESTEFANO, VICE PRESIDENT AND GENERAL COUNSEL. EACH MONTHLY CLUB USAGE STATEMENT IS REVIEWED AND APPROVED BY KENNETH B. DESTEFANO PRIOR TO DISBURSEMENT BY THE COMPANY. ALL EXPENDITURES ARE REPORTED AS TAXABLE INCOME TO MR. DESTEFANO AND SUBJECT TO W-2 REPORTING WITHOUT GROSS-UP PAYMENTS.

ADVENTIST HEALTHCARE HAS NO INTENTION TO EXTEND THIS BENEFIT TO OTHER EXECUTIVES, AND THEREFORE NO WRITTEN POLICY IS ESTABLISHED FOR THIS USAGE EXCEPTION.

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

## SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

CUMULATIVE LUMP-SUM TAXABLE PAYMENTS MADE AS A RESULT OF TAX LAW CHANGES

THAT AFFECTED THE ADMINISTRATION OF ADVENTIST HEALTHCARE'S CAPITAL

ACCUMULATION ACCOUNT ("CAA") PLAN ESTABLISHED PURSUANT TO SECTION 457(F)

OF THE INTERNAL REVENUE CODE WERE AS FOLLOWS:

WILLIAM G. ROBERTSON - \$179,185;

EDMUND F. HODGE - \$89,670;

JAMES G. LEE - \$79,115;

GAUROV DAYAL - \$72,031;

SUSAN L. GLOVER - \$42,171;

DENNIS D. HANSEN - \$87,738;

JERE D. STOCKS - \$90,054;

GENE C MILTON - \$35,106;

HISAKO MAKI THOMPSON - \$41,842;

DORIS REINHART - \$25,530;

GEORGE CHILD - \$35,651;

KEITH BALLENGER - \$22,327;

PAULA WIDERLITE - \$42,361;

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

KEN DESTEFANO - \$50,420;

ELEYSE KAPLAN - \$38,733;

KATHLEEN DYER - \$36,625;

JOYCE PORTELLA - \$60,336

## ADDITIONAL COMPENSATION INFORMATION

## PAY PHILOSOPHY

FOR ALL ADVENTIST HEALTHCARE EMPLOYEES INCLUDING THOSE LISTED ON SCHEDULE J, THE GOAL OF ADVENTIST HEALTHCARE IS TO OFFER COMPETITIVE SALARIES IN ORDER TO ATTRACT, HIRE AND RETAIN QUALIFIED AND TALENTED INDIVIDUALS. MAINTAINING A QUALITY, STABLE WORKFORCE HAS A POSITIVE IMPACT ON THE WORKPLACE AND ON THE CARE PROVIDED TO OUR PATIENTS/RESIDENTS AND THEIR FAMILIES. IN GENERAL, NON-EXECUTIVE EMPLOYEES ARE COMPENSATED UTILIZING THE FULL WAGE SCALE FOR THEIR RESPECTIVE POSITIONS, COMPARED TO THE MARKET. HOWEVER, EXECUTIVES ARE GENERALLY LIMITED TO THE MEDIAN OF THE MARKET FOR THEIR RESPECTIVE POSITIONS.

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

## PAY PRACTICE

ADVENTIST HEALTHCARE UTILIZES A SINGLE EMPLOYER ID FOR ALL OF ITS AFFILIATED MARYLAND ENTITIES FOR EMPLOYMENT PURPOSES. AS SUCH, ACTUAL COMPENSATION AND BENEFITS ARE CHARGED TO THE RESPECTIVE ENTITIES AND THE RESULTING COMPENSATION AND BENEFITS ARE REPORTED ON EACH AFFILIATE'S IRS FORM 990 AS IF PAID DIRECTLY BY SUCH AFFILIATE. ALL CONTROLLED AFFILIATES FOLLOWS THIS PAY PRACTICE FOR ITS EXECUTIVE EMPLOYEES, INCLUDING THOSE REPORTED ON SCHEDULE J, EXCEPT FOR GENE MILTON, PRESIDENT FOR HACKETTSTOWN COMMUNITY HOSPITAL, DORIS REINHART, VICE PRESIDENT AND ADMINISTRATOR FOR ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC., GEORGE CHILD, PRESIDENT FOR ADVENTIST SENIOR LIVING SERVICES, INC., AND KEITH BALLENGER, VICE PRESIDENT FOR ADVENTIST HOME HEALTH SERVICES, INC. THESE EXECUTIVES' COMPENSATION AND BENEFITS ARE PAID BY ADVENTIST HEALTHCARE AND NOT CHARGED BACK TO THE RESPECTIVE CONTROLLED AFFILIATES, EXCEPT GENE MILTON'S MEDICAL AND DENTAL INSURANCE COVERAGE, WHICH ARE ENTIRELY PAID FOR BY THE HACKETTSTOWN COMMUNITY HOSPITAL.

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

COMPENSATION REPORTED - ADDITIONAL INFORMATION:

THE COMPENSATION REPORTED FOR THE EMPLOYEES SET FORTH ON SCHEDULE J IS  
 COMPRISED OF THE FOLLOWING:

\*\*BASE COMPENSATION - INCLUDES NONDISCRETIONARY PAYMENTS, AGREED UPON IN  
 ADVANCE, CONTINGENT ONLY UPON THE PAYEE'S PERFORMANCE OF AGREED UPON  
 SERVICES (SUCH AS SALARY OR FEES).

\*\* BONUS AND INCENTIVE COMPENSATION - INCLUDE PAYMENTS BASED ON  
 SATISFACTION OF PRE-DETERMINED PERFORMANCE TARGETS SUCH AS  
 QUALITY/PATIENT SAFETY GOALS, EMPLOYEE AND CUSTOMER ENGAGEMENT GOALS,  
 ORGANIZATIONAL GROWTH, AND FINANCIAL PERFORMANCE, AMONG OTHER THINGS.

\*\*OTHER REPORTABLE COMPENSATION - INCLUDES CERTAIN CUMULATIVE LUMP-SUM  
 TAXABLE PAYMENTS MADE AS A RESULT OF TAX LAW CHANGES THAT AFFECTED THE  
 ADMINISTRATION OF ADVENTIST HEALTHCARE'S CAPITAL ACCUMULATION ACCOUNT  
 ("CAA") PLAN ESTABLISHED PURSUANT TO SECTION 457(F) OF THE INTERNAL  
 REVENUE CODE. IN ADDITION, "OTHER REPORTABLE COMPENSATION" INCLUDES  
 LONG-TERM DISABILITY COVERAGE, CELL PHONE ALLOWANCES, CASH-OUT OF UNUSED

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PAID TIME OFF (PTO) HOURS, IMPUTED VALUE OF EXECUTIVE LIFE INSURANCE

BENEFITS, COUNTRY CLUB USAGE (ONE EXECUTIVE ONLY), AND RELOCATION

ALLOWANCE, AS APPLICABLE.

\*\*RETIREMENT AND OTHER DEFERRED COMPENSATION - INCLUDES 401(A) BASE

EMPLOYER AND MATCHING CONTRIBUTIONS TO RETIREMENT AND PORTION OF THE CAA

THAT HAS NOT BEEN PAID TO THE INDIVIDUAL EXECUTIVES.

\*\*NON-TAXABLE BENEFITS - INCLUDES THE EMPLOYER PORTION OF CERTAIN

BENEFITS SUCH AS HEALTH INSURANCE, DENTAL INSURANCE, VISION INSURANCE,

LIFE INSURANCE, AND PRE-TAX FLEXIBLE SPENDING ACCOUNTS SUCH AS DEPENDENT

CARE AND MEDICAL SPENDING AS ESTABLISHED BY EMPLOYEES IN ACCORDANCE TO

FEDERAL GUIDELINES.

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ADVENTIST HEALTHCARE, INC.

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).**

▶ **Attach to Form 990.**

▶ **See separate instructions.**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Employer identification number

52-1532556

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled Financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> MHHEFA	52-0936091	574217JG1	02/27/2003	22,631,301.	REFUNDING OF SERIES 1991A-SUBS		X		X		X
<b>B</b> MHHEFA	52-0936091	574217JH9	02/27/2003	39,560,000.	RENOVATIONS AT MARYLAND HOSPITAL		X		X		X
<b>C</b> MHHEFA	52-0936091	574217TES	09/14/2004	9,142,004.	ACQUIRE SGAH LAN, RENOVATION		X		X		X
<b>D</b> MHHEFA	52-0936091	574217VS1	12/20/2005	78,000,000.	SAGH TOWER PROJECT, OTHER CONSTRUCT		X		X		X

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired	3,145,000.		7,205,000.		25,275,000.		2.	
<b>2</b> Amount of bonds legally defeased							2.	
<b>3</b> Total proceeds of issue	22,631,301.		39,583,516.		50,039,636.		79,853,550.	
<b>4</b> Gross proceeds in reserve funds	2,347,900.		2,050,806.					
<b>5</b> Capitalized interest from proceeds							4,538,581.	
<b>6</b> Proceeds in refunding escrows	19,922,639.		4,935,000.		8,756,308.			
<b>7</b> Issuance costs from proceeds	519,600.		785,470.		575,047.		691,085.	
<b>8</b> Credit enhancement from proceeds			386,179.		444,045.		490,630.	
<b>9</b> Working capital expenditures from proceeds								
<b>10</b> Capital expenditures from proceeds			31,426,061.		41,022,763.		74,134,254.	
<b>11</b> Other spent proceeds								
<b>12</b> Other unspent proceeds								
<b>13</b> Year of substantial completion	1982		2003		2005		2007	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue?	X		X		X		X	
<b>15</b> Were the bonds issued as part of an advance refunding issue?		X		X		X		X
<b>16</b> Has the final allocation of proceeds been made?	X		X		X		X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property	X		X		X		X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2010

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ADVENTIST HEALTHCARE, INC.

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

▶ Attach to Form 990.

▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Employer identification number

52-1532556

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled Financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> MHHEFA	52-0936091	574217VT9	12/20/2005	21,650,000.	REFUNDING CITY TP-WAH 06271995		X		X		X
<b>B</b> MHHEFA	52-0936091	574217VT9	12/20/2005	37,695,000.	REFUNDING S1995-SAGH 062795		X		X		X
<b>C</b>											
<b>D</b>											

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired	15,000.							
<b>2</b> Amount of bonds legally defeased								
<b>3</b> Total proceeds of issue	21,650,000.		37,695,000.					
<b>4</b> Gross proceeds in reserve funds								
<b>5</b> Capitalized interest from proceeds								
<b>6</b> Proceeds in refunding escrows	21,309,994.		37,100,114.					
<b>7</b> Issuance costs from proceeds	191,413.		336,190.					
<b>8</b> Credit enhancement from proceeds	148,593.		258,697.					
<b>9</b> Working capital expenditures from proceeds								
<b>10</b> Capital expenditures from proceeds								
<b>11</b> Other spent proceeds								
<b>12</b> Other unspent proceeds								
<b>13</b> Year of substantial completion	1991		1991					
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue?	X		X					
<b>15</b> Were the bonds issued as part of an advance refunding issue?		X		X				
<b>16</b> Has the final allocation of proceeds been made?	X		X					
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property		X		X				

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2010

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>b</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? . . . . .	X		X		X		X	
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	.0001 %		.0001 %		1.6100 %		1.7700 %	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	.0001 %		.0001 %		.0001 %		.0001 %	
<b>6</b> Total of lines 4 and 5 . . . . .	.0002 %		.0002 %		1.6101 %		1.7701 %	
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .	X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . .		X		X		X		X	
<b>2</b> Is the bond issue a variable rate issue? . . . . .		X	X		X		X		
<b>3a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .		X		X		X		X	
<b>b</b> Name of provider . . . . .								DEUTSCHE BANK	
<b>c</b> Term of hedge . . . . .								30.000	
<b>d</b> Was the hedge superintegrated? . . . . .								X	
<b>e</b> Was the hedge terminated? . . . . .								X	
<b>4a</b> Were gross proceeds invested in a GIC? . . . . .		X		X		X		X	
<b>b</b> Name of provider . . . . .									
<b>c</b> Term of GIC . . . . .									
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .									
<b>5</b> Were any gross proceeds invested beyond an available temporary period? . . . . .		X		X		X		X	
<b>6</b> Did the bond issue qualify for an exception to rebate? . . . . .		X		X		X		X	

**Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).**

NOTE FOF BOND ISSUE 2/27/2003 (A)  
 MHHEFA IS THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES  
 AUTHORITY. PART III, COLUMN A: THIS ISSUE EXCLUSIVELY REFUNDED A PRE-2002  
 ISSUES.

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .								
<b>b</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .								
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? . . . . .								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶		%		%		%		%
<b>6</b> Total of lines 4 and 5 . . . . .		%		%		%		%
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .								

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . .								
<b>2</b> Is the bond issue a variable rate issue? . . . . .								
<b>3a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .								
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								
<b>4a</b> Were gross proceeds invested in a GIC? . . . . .								
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>5</b> Were any gross proceeds invested beyond an available temporary period? . . . . .								
<b>6</b> Did the bond issue qualify for an exception to rebate? . . . . .								

**Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).**

NOTE FOR BOND ISSUE 12/20/2005 (A&B)  
 MHHEFA IS THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES  
 AUTHORITY. PART III, COLUMNS A & B: THESE ISSUES EXCLUSIVELY REFUNDED A  
 PRE-2002 ISSUES.

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X				
<b>b</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? . . . . .	X		X					
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	.0001 %		.0001 %		%		%	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	.0001 %		.0001 %		%		%	
<b>6</b> Total of lines 4 and 5 . . . . .	.0002 %		.0002 %		%		%	
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .	X		X					

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . .		X		X				
<b>2</b> Is the bond issue a variable rate issue? . . . . .	X		X					
<b>3a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .	X		X					
<b>b</b> Name of provider . . . . .	MORGAN STANLEY		MORGAN STANLEY					
<b>c</b> Term of hedge . . . . .	16.000		16.000					
<b>d</b> Was the hedge superintegrated? . . . . .		X		X				
<b>e</b> Was the hedge terminated? . . . . .		X		X				
<b>4a</b> Were gross proceeds invested in a GIC? . . . . .		X		X				
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>5</b> Were any gross proceeds invested beyond an available temporary period? . . . . .		X		X				
<b>6</b> Did the bond issue qualify for an exception to rebate? . . . . .		X		X				

**Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).**

**SCHEDULE K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).**

▶ **Attach to Form 990.**

▶ **See separate instructions.**

Name of the organization

ADVENTIST HEALTHCARE, INC.

Employer identification number

52-1532556

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled Financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> MHHEFA	52-0936091	574217JG1	02/27/2003	22,631,301.	REFUNDING OF SERIES 1991A-SUBS		X		X		X
<b>B</b> MHHEFA	52-0936091	574217JH9	02/27/2003	39,560,000.	RENOVATIONS AT MARYLAND HOSPITAL		X		X		X
<b>C</b> MHHEFA	52-0936091	574217TES	09/14/2004	9,142,004.	ACQUIRE SGAH LAN, RENOVATION		X		X		X
<b>D</b> MHHEFA	52-0936091	574217VS1	12/20/2005	78,000,000.	SAGH TOWER PROJECT, OTHER CONSTRUCT		X		X		X

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired	3,145,000.		7,205,000.		25,275,000.		2.	
<b>2</b> Amount of bonds legally defeased							2.	
<b>3</b> Total proceeds of issue	22,631,301.		39,583,516.		50,039,636.		79,853,550.	
<b>4</b> Gross proceeds in reserve funds	2,347,900.		2,050,806.					
<b>5</b> Capitalized interest from proceeds							4,538,581.	
<b>6</b> Proceeds in refunding escrows	19,922,639.		4,935,000.		8,756,308.			
<b>7</b> Issuance costs from proceeds	519,600.		785,470.		575,047.		691,085.	
<b>8</b> Credit enhancement from proceeds			386,179.		444,045.		490,630.	
<b>9</b> Working capital expenditures from proceeds								
<b>10</b> Capital expenditures from proceeds			31,426,061.		41,022,763.		74,134,254.	
<b>11</b> Other spent proceeds								
<b>12</b> Other unspent proceeds								
<b>13</b> Year of substantial completion	1982		2003		2005		2007	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b> Were the bonds issued as part of a current refunding issue?	X		X		X		X	
<b>15</b> Were the bonds issued as part of an advance refunding issue?		X		X		X		X
<b>16</b> Has the final allocation of proceeds been made?	X		X		X		X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property	X		X		X		X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2010

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>b</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? . . . . .	X		X		X		X	
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶						1.6100 %		1.7700 %
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .						1.6100 %		1.7700 %
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .	X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . .		X		X		X		X
<b>2</b> Is the bond issue a variable rate issue? . . . . .		X	X		X		X	
<b>3a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .		X		X		X		X
<b>b</b> Name of provider . . . . .								DEUTSCHE BANK
<b>c</b> Term of hedge . . . . .								30.000
<b>d</b> Was the hedge superintegrated? . . . . .								X
<b>e</b> Was the hedge terminated? . . . . .								X
<b>4a</b> Were gross proceeds invested in a GIC? . . . . .		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>5</b> Were any gross proceeds invested beyond an available temporary period? . . . . .		X		X		X		X
<b>6</b> Did the bond issue qualify for an exception to rebate? . . . . .		X		X		X		X

**Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).**

NOTE FOF BOND ISSUE 2/27/2003 (A)  
MHHEFA IS THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES  
AUTHORITY. PART III, COLUMN A: THIS ISSUE EXCLUSIVELY REFUNDED A PRE-2002  
ISSUES.

**SCHEDULE K  
 (Form 990)**

Department of the Treasury  
 Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

**2010**

**Open to Public  
 Inspection**

Name of the organization

ADVENTIST HEALTHCARE, INC.

Employer identification number

52-1532556

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled Financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> MHHEFA	52-0936091	574217VT9	12/20/2005	21,650,000.	REFUNDING CITY TP-WAH 06271995		X		X		X
<b>B</b> MHHEFA	52-0936091	574217VT9	12/20/2005	37,695,000.	REFUNDING S1995-SAGH 062795		X		X		X
<b>C</b>											
<b>D</b>											

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired	15,000.							
<b>2</b> Amount of bonds legally defeased								
<b>3</b> Total proceeds of issue	21,650,000.		37,695,000.					
<b>4</b> Gross proceeds in reserve funds								
<b>5</b> Capitalized interest from proceeds								
<b>6</b> Proceeds in refunding escrows	21,309,994.		37,100,114.					
<b>7</b> Issuance costs from proceeds	191,413.		336,190.					
<b>8</b> Credit enhancement from proceeds	148,593.		258,697.					
<b>9</b> Working capital expenditures from proceeds								
<b>10</b> Capital expenditures from proceeds								
<b>11</b> Other spent proceeds								
<b>12</b> Other unspent proceeds								
<b>13</b> Year of substantial completion	1991		1991					
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue?	X		X					
<b>15</b> Were the bonds issued as part of an advance refunding issue?		X		X				
<b>16</b> Has the final allocation of proceeds been made?	X		X					
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property		X		X				

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2010

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .								
<b>b</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .								
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? . . . . .								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶		%		%		%		%
<b>6</b> Total of lines 4 and 5 . . . . .		%		%		%		%
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .								

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . .		X		X				
<b>2</b> Is the bond issue a variable rate issue? . . . . .	X		X					
<b>3a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .	X		X					
<b>b</b> Name of provider . . . . .	MORGAN STANLEY		MORGAN STANLEY					
<b>c</b> Term of hedge . . . . .	16.000		16.000					
<b>d</b> Was the hedge superintegrated? . . . . .		X		X				
<b>e</b> Was the hedge terminated? . . . . .		X		X				
<b>4a</b> Were gross proceeds invested in a GIC? . . . . .		X		X				
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>5</b> Were any gross proceeds invested beyond an available temporary period? . . . . .		X		X				
<b>6</b> Did the bond issue qualify for an exception to rebate? . . . . .		X		X				

**Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).**

NOTE FOR BOND ISSUE 12/20/2005 (A&B)  
MHHEFA IS THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES  
AUTHORITY. PART III, COLUMNS A & B: THESE ISSUES EXCLUSIVELY REFUNDED A  
PRE-2002 ISSUES.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

**2010**

**Open To Public Inspection**

Name of the organization

ADVENTIST HEALTHCARE, INC.

Employer identification number

52-1532556

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	(1)									
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										

Total . . . . . ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JEFFREY J. PARAGAMENT, ESQ	BOARD MEMBER	186,660.	ATTORNEY FEES		X
(2) NORTON A. ELSON, MD	BOARD MEMBER	94,385.	PROFESSIONAL FEES		X
(3) ELAINE L. ARTHUR	BOARD MEMBER	2,401,050.	SEE PART V		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

PART IV, LINE 3

ELAINE L. ARTHUR IS A KEY EMPLOYEE OF SODEXHO. THE ORGANIZATION CONDUCTED BUSINESS, AS NOTED ABOVE, WITH SODEXHO-DIETARY MANAGEMENT.

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

ADVENTIST HEALTHCARE, INC.

Employer identification number

52-1532556

MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, LINE 6

SEE BY LAWS, ARTICLE II: THE ELECTED MEMBERS OF THE BOARD OF  
MID-ATLANTIC ADVENTIST HEALTHCARE INC MAKE UP THE MEMBER OF THIS  
ORGANIZATION.

MEMBERS OR STOCKHOLDERS WHO MAY ELECT

FORM 990, PART VI, LINE 7A

SEE BY LAWS, ARTICLES II AND III (VARIOUS PARTS): TRUSTEES OF THIS  
ORGANIZATION ARE ELECTED BY THE MEMBER.

DECISIONS SUBJECT TO APPROVAL

FORM 990, PART VI, LINE 7B

SEE BY LAWS, ARTICLE II- RESERVED AUTHORITY. NOTWITHSTANDING ANY  
PROVISION OF THE CERTIFICATE OF INCORPORATION OR THESE BYLAWS TO THE  
CONTRARY, THE FOLLOWING ACTIONS ARE RESERVED TO THE MEMBERSHIP:

1. THE PURCHASE, SALE OR DISPOSITION OF REAL PROPERTY OF THE HOSPITAL  
CORPORATION;
2. THE ADOPTION, ALTERING, AMENDING OR REPLACING OF THE CERTIFICATE OF  
INCORPORATION OR THE BYLAWS OF THE HOSPITAL CORPORATION;
3. THE LIQUIDATION, DISSOLUTION, WINDING UP OR ABANDONMENT OF THE  
HOSPITAL CORPORATION; AND
4. THE RETENTION AND EXERCISE OR DELEGATION OF VOTING RIGHTS ASSOCIATED  
WITH THE OWNERSHIP OF ANY SHARES OF STOCK OR INTEREST OWNED OR HELD BY

Name of the organization ADVENTIST HEALTHCARE, INC.	Employer identification number
--	--------------------------------

THE HOSPITAL CORPORATION OR ANY ENTITY SUBSIDIARY TO OR CONTROLLED BY THE HOSPITAL CORPORATION ("SUBSIDIARY ORGANIZATION") IN CONNECTION WITH THE FOLLOWING ACTIONS: (A) THE AMENDMENT OF THE ORGANIZATIONAL DOCUMENTS OF A SUBSIDIARY ORGANIZATION; (B) THE CONSOLIDATION OF A SUBSIDIARY ORGANIZATION WITH ONE OR MORE ENTITIES TO FORM A NEW CONSOLIDATED CORPORATION; (C) THE MERGER OF A SUBSIDIARY ORGANIZATION INTO ANOTHER ENTITY OR THE MERGER OF ONE OR MORE OTHER ENTITIES INTO A SUBSIDIARY ORGANIZATION; (D) THE SALE, LEASE, EXCHANGE OR OTHER TRANSFER OF ALL, OR SUBSTANTIALLY ALL, OF THE PROPERTY AND ASSETS OF A SUBSIDIARY ORGANIZATION, INCLUDING ITS GOODWILL AND FRANCHISES; (E) THE PARTICIPATION BY A SUBSIDIARY ORGANIZATION IN A SHARE EXCHANGE AS THE ENTITY THE STOCK/INTEREST OF WHICH IS TO BE ACQUIRED; (F) THE VOLUNTARY OR INVOLUNTARY LIQUIDATION, DISSOLUTION OR WINDING-UP OF A SUBSIDIARY ORGANIZATION.

5. APPOINTMENT OF MEMBERS OF THE BOARD OF THE HOSPITAL CORPORATION FROM NOMINEES SUBMITTED BY THE BOARD OF THE HOSPITAL CORPORATION;
6. REMOVAL OF MEMBERS OF THE BOARD OF THE HOSPITAL CORPORATION.
7. AUTHORIZE AND APPROVE THE ISSUANCE OF DEBT AND THE USE OF PROCEEDS OF SUCH DEBT FOR AND ON BEHALF OF THE HOSPITAL CORPORATION;
8. DEVELOP CAPITAL INVESTMENT, CAPITAL ALLOCATION AND BORROWING POLICIES FOR THE HOSPITAL CORPORATION;
9. CEASE PROVIDING HEALTH CARE SERVICES NECESSARY FOR OPERATION AS A LICENSED GENERAL ACUTE CARE FACILITY AT ANY SITE;
10. CHANGE THE STATED PURPOSES, MISSION OR PHILOSOPHY OF THE HOSPITAL CORPORATION, OR ANY CONTROLLED ENTITY AS FOUND IN THE ARTICLES OF

Name of the organization

ADVENTIST HEALTHCARE, INC.

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INCORPORATION, BYLAWS, OR OTHER GOVERNING DOCUMENTS OF THE HOSPITAL CORPORATION;

11. ADOPTING THE HOSPITAL CORPORATION'S ANNUAL AND LONG-TERM CAPITAL AND OPERATION BUDGETS;

12. MAKING ANY MAJOR CHANGES IN ANY OF THE HOSPITAL CORPORATION'S INSURANCE PROGRAM; AND 13. RECOMMENDING ANY UNBUDGETED CAPITAL EXPENDITURE OF THE HOSPITAL CORPORATION'S CAPITAL BUDGET IN EXCESS OF \$500,000.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

DURING THE PREPARATION PROCESS, EXECUTIVE MANAGEMENT TEAM REVIEWED VARIOUS SECTIONS OF THE DRAFT FORM 990 BASED ON A PLANNED COMPLETION TIME TABLE.

IN ADDITION, THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWED CERTAIN KEY SECTIONS OF THE FORM. PRIOR TO FILING, ALL MEMBERS OF THE BOARD ARE PROVIDED A COPY OF THIS FORM 990 THROUGH EMAIL, WHICH LINKED TO THE COMPANY'S INTRANET WEBSITE.

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

FORM 990, PART VI, LINE 12C

PURSUANT TO THE ORGANIZATIONS CONFLICT OF INTEREST POLICY, EACH FACILITY BOARD MEMBER, OFFICER, DIRECTOR AND ANY EMPLOYEE IN A POSITION THAT REQUIRES COORDINATION AND/OR NEGOTIATION WITH CONTRACTORS OR SUPPLIES, IS REQUIRED ON AN ANNUAL BASIS TO DISCLOSE ANY BUSINESS OR FINANCIAL RELATIONSHIP OUTSIDE OF THE ORGANIZATION. COMPLIANCE WITH POLICY IS MONITORED AND ENFORCED BY THE HUMAN RESOURCES DEPARTMENT, CORPORATE

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INTEGRITY DEPARTMENT AND THE LEGAL DEPARTMENT.

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15A

WHEN SETTING CEOS AND EXECUTIVES COMPENSATION, THE ORGANIZATION FULLY COMPLIES WITH THE PROCEDURAL SAFEGUARDS EMBEDDED IN THE IRS REGULATIONS. EXECUTIVE COMPENSATION IS ENTIRELY SET BY A COMMITTEE OF THE BOARD OF TRUSTEES OF ADVENTIST HEALTHCARE, INC. IN SETTING COMPENSATION, THE GOVERNING BOARD COMMITTEE RELIES UPON MARKET COMPARABILITY DATA PROVIDED BY AN INDEPENDENT OUTSIDE COMPENSATION CONSULTANT. TO ENSURE REASONABLENESS, COMPENSATION IS SET AT THE 50TH PERCENTILE OF THE NATURAL MARKET.

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15B

WHEN SETTING OFFICERS AND OR KEY EMPLOYEES COMPENSATION, THE ORGANIZATION FULLY COMPLIES WITH THE PROCEDURAL SAFEGUARDS EMBEDDED IN THE IRS REGULATIONS. EXECUTIVE COMPENSATION IS ENTIRELY SET BY A COMMITTEE OF THE BOARD OF TRUSTEES OF ADVENTIST HEALTHCARE, INC. IN SETTING COMPENSATION, THE GOVERNING BOARD COMMITTEE RELIES UPON MARKET COMPARABILITY DATA PROVIDED BY AN INDEPENDENT OUTSIDE COMPENSATION CONSULTANT. TO ENSURE REASONABLENESS, COMPENSATION IS SET AT THE 50TH PERCENTILE OF THE NATURAL MARKET.

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

FORM 990, PART VI, LINE 19

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

Name of the organization

ADVENTIST HEALTHCARE, INC.

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STATEMENTS, ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

## OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 5

CHANGE IN VALUE OF REMAINDER TRUST - 66,170;

EFFECTIVE CHANGE IN VALUE OF INTEREST RATE SWAP - (4,187,491);

GENERAL FUND CAPITAL - (345,756);

NET ORGANIZATION TRANSFERS - 50,877,881;

TRANSFER FROM LWS, LLC - 6,231;

TRANSFER NET ASSETS BEG YR - LWS, LLC - (459,156);

UNREALIZED GAINS ON OTHER THAN TRADING SECURITIES - 860,596

TOTAL = 46,818,475

## GENERAL EXPLANATION

EMPLOYEES OF ANY OF THE ADVENTIST HEALTHCARE INC. AND AFFILIATED TAX EXEMPT ENTITIES IN THE STATE OF MARYLAND (INCLUDING ADVENTIST HOME HEALTH SERVICES, INC) ARE PAID THROUGH A COMMON PAYMASTER, ADVENTIST HEALTHCARE, INC. AND ARE REPORTED ON ITS FORM 941. SALARY AND BENEFIT EXPENSES REPORTED ON THEIR RESPECTIVE RETURNS ARE ACTUAL CHARGES RELATED TO THE EMPLOYEES WORKING ON THE SPECIFIC TAX EXEMPT ENTITY.

COMPENSATION INCLUDED REGULAR BASE SALARY, BONUS, PAID TIME OFF CASH OUT, TAXABLE RELOCATION ALLOWANCE, HOLIDAY GIFT, RETROACTIVE COMPENSATION ADJUSTMENT, BEREAVEMENT LEAVE, EDUCATION, AND WITHDRAWAL OF DEFERRED COMPENSATION, AS APPLICABLE. THE SAME AND NON-ADDITIVE COMPENSATION AND EMPLOYMENT BENEFIT PLAN CONTRIBUTION AMOUNTS WERE ALSO DISCLOSED IN THE

Name of the organization

ADVENTIST HEALTHCARE, INC.

Employer identification number

ADVENTIST HEALTHCARE INC.'S RELATED ENTITIES RETURNS.

VENDOR PAYMENTS FOR ANY OF THE ADVENTIST HEALTHCARE, INC. AND RELATED ENTITIES IN THE STATE OF MARYLAND ARE MADE THROUGH A COMMON PAYMASTER, ADVENTIST HEALTHCARE, INC.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE MISSION OF ADVENTIST HEALTHCARE IS TO "DEMONSTRATE GOD'S CARE BY IMPROVING THE HEALTH OF PEOPLE AND COMMUNITIES THROUGH A MINISTRY OF PHYSICAL, MENTAL AND SPIRITUAL HEALING." IN MEETING THIS MISSION AND IN COMPLIANCE WITH STATE AND FEDERAL LAWS, WE PROVIDE CARE TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY.

COMPASSION IS REFLECTED IN OUR MISSION AND OUR ORGANIZATION CONSISTENTLY PROVIDES HIGH LEVELS OF CHARITY AND UNCOMPENSATED CARE. TO MEET THE NEEDS OF OUR COMMUNITIES, ADVENTIST HEALTHCARE CONTINUES TO INNOVATE AND EXPAND THE RANGE OF OUR SERVICES TO BUILD ON THE STRONG FOUNDATION WE HAVE LAID FOR A HEALTHY, ENGAGED COMMUNITY.

WE RESPOND PROACTIVELY TO VARIOUS HEALTH CARE NEEDS WITH A CONTINUUM OF EXCELLENT PROGRAMS AND WIDE-RANGING SERVICES TO MEET DIVERSE POPULATIONS AS WE STRIVE TO:

Name of the organization

ADVENTIST HEALTHCARE, INC.

Employer identification number

ATTACHMENT 1 (CONT'D)

1. MAINTAIN AND GROW CURRENT SERVICES
2. EXPAND HEALTH SERVICES/INCREASE ACCESS TO CARE
3. PROMOTE HEALTH AND WELLNESS
4. ELIMINATE HEALTH DISPARITIES

1. MAINTAIN AND GROW CURRENT SERVICES:

WE CONTINUE TO GROW PROGRAMS AND SERVICES IN THE AREAS OF ONCOLOGY, HEART/CARDIAC, REHABILITATION, BEHAVIORAL HEALTH AND OTHER HEALTH CARE SERVICES SUPPORTING COMMUNITY-BASED ORGANIZATIONS ALIGNED WITH OUR MISSION. THE BENEFIT TO THE COMMUNITY WILL BE IN SUSTAINING AND GROWING QUALITY PROGRAMS THAT PROMOTE HEALTHY CHILDREN, ENCOURAGE HEALTHY LIFESTYLES FOR SENIORS, FOSTER HEALTHY FAMILIES, AND IN A HOLISTIC WAY, BUILD HEALTHIER COMMUNITIES.

ENHANCEMENTS TO OUR COMPREHENSIVE INPATIENT AND OUTPATIENT CANCER CARE SERVICES AT WASHINGTON ADVENTIST AND SHADY GROVE ADVENTIST HOSPITALS ENSURE THAT WE CONTINUE TO PROVIDE THE LATEST DIAGNOSTIC AND TREATMENT SERVICES THAT ARE DELIVERED WITH COMPASSION AND A DEEP UNDERSTANDING OF THE UNIQUE DEMANDS OF CANCER. BOTH INPATIENT AND OUTPATIENT SERVICES ARE AVAILABLE TO ACCOMMODATE A RANGE OF PATIENT NEEDS AND PREFERENCES. WE CARE FOR THE WHOLE PATIENT BY OFFERING EDUCATIONAL PROGRAMS AND SPECIAL SERVICES SUCH AS

Name of the organization

ADVENTIST HEALTHCARE, INC.

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ATTACHMENT 1 (CONT'D)

NUTRITION COUNSELING, STRESS MANAGEMENT, FITNESS PROGRAMS, SUPPORT GROUPS AND SMOKING CESSATION PROGRAMS, AS WELL AS THE AMERICAN CANCER SOCIETY PROGRAM, "LOOK GOOD, FEEL BETTER."

WASHINGTON ADVENTIST HOSPITAL HAS BEEN PROVIDING FULL-SERVICE MEDICAL AND SURGICAL CARE TO THE RESIDENTS OF EASTERN MONTGOMERY COUNTY, WESTERN PRINCE GEORGE'S COUNTY AND WASHINGTON, D.C. FOR MORE THAN 100 YEARS. WHILE WASHINGTON ADVENTIST'S HISTORY REFLECTS THE SPECIAL CARE IT HAS PROVIDED FOR GENERATIONS OF FAMILIES, OF SPECIAL NOTE IS THE CARDIOVASCULAR INSTITUTE AT WASHINGTON ADVENTIST HOSPITAL. THE HOSPITAL WAS THE FIRST IN THE GREATER D.C. AREA TO PERFORM NUMEROUS CARDIAC PROCEDURES DATING FROM ITS FIRST HEART PROCEDURE IN 1962, INCLUDING MITRAL VALVULOPLASTY AND A NUMBER OF SOPHISTICATED TYPES OF ECHOCARDIOGRAPHY.

NOT ONLY DOES WASHINGTON ADVENTIST HOSPITAL PROVIDE SUBSTANTIAL CARDIAC SURGERY AND PCI PROCEDURES, INCLUDING SERVING AS A SITE FOR CARDIAC RESEARCH, BUT IT ALSO IS THE BACKUP FOR MULTIPLE HOSPITALS WITH PRIMARY AND NONPRIMARY, ELECTIVE PCI PROGRAMS THAT REQUIRE AN AFFILIATION WITH A CARDIAC SURGERY PROGRAM. IN ADDITION, THE CARDIOVASCULAR INSTITUTE HOUSES THE CENTER FOR CARDIAC & VASCULAR RESEARCH, WHICH IS DEDICATED TO THE PURSUIT OF ADVANCES THAT IMPROVE THE QUALITY OF LIFE FOR PATIENTS COPING WITH CARDIOVASCULAR DISEASE.

Name of the organization

ADVENTIST HEALTHCARE, INC.

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ATTACHMENT 1 (CONT'D)

## 2. EXPAND HEALTH SERVICES/INCREASE ACCESS TO CARE:

ADVENTIST HEALTHCARE HAS PARTNERED WITH SEVERAL ORGANIZATIONS IN ORDER TO BRING FREE SERVICES TO COMMUNITIES IN NEED WITH A SPECIAL FOCUS ON WOMEN AND CHILDREN. ADVENTIST HEALTHCARE IS DEDICATED TO PROGRAMS THAT HELP BUILD HEALTHY FAMILIES AND COMMUNITIES.

THE IMPORTANT PARTNERSHIPS AND RELATIONSHIPS WE HAVE DEVELOPED WITH MERCY CLINIC, MARY'S CENTER AND MOBILEMED HELP US TO AUGMENT HEALTH CARE IN LOWER MONTGOMERY AND PRINCE GEORGE'S COUNTIES AS WELL AS UPPER MONTGOMERY AND LOWER FREDERICK COUNTIES. THESE ARE AREAS WHERE NUMEROUS RESIDENTS MAY BE UNDERSERVED, EITHER BY BEING UNINSURED, OR IN AN AREA WHERE HEALTH SERVICES MAY BE LOCATED FAR AWAY.

THE MERCY HEALTH CLINIC IN GAITHERSBURG HAS BENEFITED FROM OUR SERVICES INCLUDING LABORATORY SUPPORT, BLOOD TESTS AND OTHER DIAGNOSTIC SERVICES. IN THE LONG BRANCH SECTION OF SILVER SPRING, OUR PARTNERSHIP WITH MARY'S CENTER PROVIDES A FULL RANGE OF SERVICES FROM PRENATAL CARE TO PEDIATRIC/ADOLESCENT HEALTH SERVICES TO WOMEN'S SERVICES TO SOCIAL-SERVICES PROGRAMS. OUR WORK WITH MOBILE MED IN ITS GERMANTOWN LOCATION AND ITS MOBILE MEDICAL VAN ENABLES REGULAR MEDICAL CARE, SUCH AS ROUTINE PHYSICALS, FOR UNINSURED AND LOW-INCOME RESIDENTS.

JANUARY 2010, SHADY GROVE ADVENTIST HOSPITAL'S FORENSIC MEDICAL

Name of the organization

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ADVENTIST HEALTHCARE, INC.

ATTACHMENT 1 (CONT'D)

UNIT, FORMERLY THE SEXUAL ABUSE AND ASSAULT CENTER, MARKED ITS MOVE TO NEW AND EXPANDED SPACE. THE UNIT, WHICH IS THE ONLY ONE IN MONTGOMERY COUNTY, PROVIDES FORENSIC EVIDENCE COLLECTION AND SPECIALIZED MEDICAL CARE TO WOMEN, MEN AND CHILDREN WHO ARE VICTIMS OF SEXUAL ASSAULT AND ABUSE. SHADY GROVE ADVENTIST HOSPITAL'S FORENSIC MEDICAL UNIT TREATS ABOUT 200 PATIENTS EACH YEAR.

SHADY GROVE ADVENTIST HOSPITAL AND WASHINGTON ADVENTIST HOSPITAL ARE ACTIVE PARTICIPANTS IN MONTGOMERY COUNTY'S MATERNITY PARTNERSHIP PROGRAM, WHICH PROVIDES PRENATAL CARE AND MATERNITY SERVICES TO LOW-INCOME, UNINSURED PREGNANT WOMEN. IN 2008, ACCESS TO HEALTH CARE SERVICES FOR UPCOUNTY RESIDENTS EXPANDED FURTHER WITH THE OPENING OF SHADY GROVE'S PRENATAL CENTER IN GERMANTOWN. THIS CLINIC PROVIDES FREE PRENATAL CARE TO ABOUT 200 COUNTY RESIDENTS EACH YEAR WHO ARE UNINSURED OR UNDER INSURED.

OUR PARTNERSHIPS WITH MOBILEMED, MARY'S CENTER IN SILVER SPRING, THE MERCY HEALTH CLINIC IN GAITHERSBURG AND OTHERS HAVE HELPED TO ESTABLISH CLINICS FOR LOW-INCOME, UNINSURED INDIVIDUALS. THESE CLINICS HAVE SERVED AS A VITAL HEALTH SAFETY NET TO PROVIDE IMPORTANT PRIMARY AND PREVENTIVE HEALTH SERVICES TO OVER 20,000 MEN, WOMEN AND CHILDREN IN NEED.

FOR THE PAST FIVE YEARS, THE SHADY GROVE ADVENTIST EMERGENCY

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ATTACHMENT 1 (CONT'D)

CENTER IN GERMANTOWN HAS BROUGHT VITAL EMERGENCY SERVICES TO A FAST-GROWING COMMUNITY THAT HAD TO BATTLE TRAFFIC AND A 30-MILE SPAN ALONG I-270 FROM ROCKVILLE TO FREDERICK WITHOUT A HOSPITAL.

THE EMERGENCY CENTER'S MEDICAL CAMPUS ALSO HAS A PRIMARY CARE CLINIC FOR UNINSURED RESIDENTS, A PRENATAL CLINIC FOR LOW-INCOME WOMEN, OUTPATIENT RADIOLOGY SERVICES AND PHYSICIAN OFFICES. WE ALSO RECENTLY WELCOMED THE ADDITION OF THE NEARBY SHADY GROVE ADVENTIST RADIATION ONCOLOGY CENTER AT GERMANTOWN, ON SENECA MEADOWS PARKWAY. IN THE FIVE YEARS SINCE IT HAS OPENED, THE GEC HAS TREATED AN AVERAGE OF 36,000 EMERGENCY PATIENTS EACH YEAR. THE FREESTANDING FACILITY HAS ALSO REDUCED OUT-OF-SERVICE AMBULANCE TIMES IN UPPER MONTGOMERY COUNTY BY 40 PERCENT, ACCORDING TO THE COUNTY'S FIRE AND RESCUE SERVICE.

### 3. PROMOTE HEALTH AND WELLNESS:

THE GROWTH OF ADVENTIST HEALTHCARE INTO A COMPREHENSIVE HEALTH SYSTEM HAS ALLOWED US TO EXPAND THE REACH OF OUR COMMUNITY SERVICES TO PROVIDE EFFECTIVE PREVENTION, TREATMENT AND CARE PROGRAMS FOR ALL INDIVIDUALS, REGARDLESS OF THEIR ECONOMIC, CULTURAL, LINGUISTIC OR DEMOGRAPHIC CHARACTERISTICS. WE ARE ESPECIALLY DEDICATED TO PROGRAMS THAT HELP BUILD HEALTHY FAMILIES AND COMMUNITIES WITH A SPECIAL FOCUS ON WOMEN AND CHILDREN. HERE ARE SOME SNAPSHOTS OF ADVENTIST HEALTHCARE'S WORK IN THE COMMUNITY IN 2010, WHICH RESULTED IN MORE THAN 208,000 ENCOUNTERS.

Name of the organization

ADVENTIST HEALTHCARE, INC.

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ATTACHMENT 1 (CONT'D)

MATERNAL CHILD HEALTH EDUCATION AND OUTPATIENT LACTATION SERVICES AT SHADY GROVE ADVENTIST HOSPITAL - RESEARCH SHOWS THAT PROVIDING BREAST MILK TO A BABY IS ONE OF THE MOST IMPORTANT THINGS THAT CAN BE DONE FOR A CHILD DURING THE FIRST SIX MONTHS OF LIFE. WE STRIVE TO HELP MOMS WHO ARE BREASTFEEDING HAVE A SUCCESSFUL BREASTFEEDING EXPERIENCE. WE HOST A FREE WEEKLY DROP-IN BREASTFEEDING SUPPORT GROUP FOR MOMS AND THEIR BABIES CALLED B.E.S.T. "BREASTFEEDING EDUCATION, SUPPORT AND TOGETHERNESS" AND OFFER INFORMATION AND COUNSELING AS WE ANSWER QUESTIONS ON THE MANY TELEPHONE CALLS TO OUR HOSPITAL AS A MEANS OF CONTINUING THE SUPPORT AND GUIDANCE THEY RECEIVED WHILE IN THE HOSPITAL, AND ASSURE THEY WOULD NOT FEEL ALONE AS THEY AND THEIR BABY LEARNED THE ART OF BREASTFEEDING.

WE PROVIDE BREAST PUMPS AND SUPPLIES AT A REDUCED COST TO MAKE IT AS AFFORDABLE AS POSSIBLE AND ENSURE THEY UNDERSTAND HOW TO PROPERLY USE THE PUMP AND UNDERSTAND BREAST MILK STORAGE GUIDELINES. A NEW VENTURE THAT WE BEGAN IN THE THIRD QUARTER IS RENTING BABY SCALES SO MOMS MAY MONITOR THEIR BABIES' WEIGHT GAIN AS THEY WORK ON BREASTFEEDING.

IN 2010 THE NUMBER OF MATERNAL CHILD HEALTH EDUCATION PROGRAMS OFFERED FOR PARTICIPANTS AT SHADY GROVE ADVENTIST AND WASHINGTON

Name of the organization ADVENTIST HEALTHCARE, INC.	Employer identification number
--	--------------------------------

ATTACHMENT 1 (CONT'D)

ADVENTIST HOSPITALS REMAINED STEADY AS THEY HELPED PREPARE EXPECTANT PARENTS FOR THEIR LABOR AND BIRTH EXPERIENCE AND THE CHALLENGES OF CARING FOR A NEW BABY WHEN THEY ARRIVE HOME. WE STRIVE TO REACH AS MANY INTERESTED PARTICIPANTS AS POSSIBLE. TAKING INTO CONSIDERATION INDIVIDUAL LEARNING STYLES AND LIFE SCHEDULES, WE OFFER OUR COMPREHENSIVE CHILDBIRTH AND INFANT CARE CLASSES IN A VARIETY OF FORMATS.

FOR THOSE WHO DO NOT HAVE THE TIME TO ATTEND ONE OF OUR COMPREHENSIVE SERIES, WE OFFER AN EXPRESS CHILDBIRTH CLASS. FOR THOSE WHO HAVE HAD A PREVIOUS BIRTH IN THE LAST FOUR YEARS AND SIMPLY NEED A QUICK REFRESHER WE OFFER A REFRESHER CHILDBIRTH CLASS. WE HAVE A SEPARATE CLASS DESIGNED FOR THOSE WHO ARE SCHEDULED FOR A CESAREAN BIRTH SO THAT THEY MAY ALSO PREPARE FOR A VERY MEANINGFUL BIRTH EXPERIENCE.

WE ALSO OFFER ADDITIONAL CLASSES TO ENHANCE OUR EXPECTANT PARENTS' PREPARATION, INCLUDING BABY CARE BASICS, BREASTFEEDING CLASS, AND INFANT SAFETY AND CPR. WE EVEN OFFER CLASSES EXCLUSIVELY FOR EXPECTANT OR NEW DADS, AS WELL AS CLASSES FOR SIBLINGS AND GRANDPARENTS AS ALL OF OUR FAMILIES PREPARE TO HAVE A NEW BABY IN THEIR HOME.

WE HAVE BEGUN OFFERING OUR DISCOVERING MOTHERHOOD SESSIONS AS FREE WEEKLY DROP-IN SESSIONS RATHER THAN PAID SESSIONS AS A COMMUNITY

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ATTACHMENT 1 (CONT'D)

SERVICE, SO THAT MORE NEW MOTHERS MAY HAVE THE OPPORTUNITY TO NETWORK WITH ONE ANOTHER AND HAVE ACCESS TO PROFESSIONALS FOR QUESTIONS AND GUIDANCE AS THEY ADJUST TO THEIR NEW ROLES AS MOTHERS - ESPECIALLY IN THIS UNSURE ECONOMY. THIS IS A VALUED COMMUNITY SERVICE AS IS SHOWN WHEN WE MORE THAN DOUBLED OUR 2009 NUMBERS FOR THIS GROUP AS A RESULT.

OUR PROGRAMS CONTINUE TO RECEIVE GREAT EVALUATIONS AND APPRECIATION FROM OUR PARTICIPANTS.

OUTREACH ACTIVITIES INCLUDE PARTICIPATING IN THE BABY FAIR AT GREAT BEGINNINGS CHILDREN'S STORE IN GERMANTOWN IN SEPTEMBER.

2010 MATERNAL/CHILD HEALTH EDUCATION TOTALS:

428 CLASSES (163), TOURS (174), SUPPORT GROUPS (89), AND SPECIAL EVENTS (2)

10,315 PARTICIPANTS (1,207 WERE LACTATION PARTICIPANTS)

14,673 ENCOUNTERS (1,207 WERE LACTATION ENCOUNTERS)

1,284.5 TEACHING HOURS

MATERNAL CHILD HEALTH EDUCATION AND LACTATION SERVICES AT WASHINGTON ADVENTIST HOSPITAL:

IN 2010, WE HELD 69 MATERNAL CHILD HEALTH EDUCATION PROGRAMS AT WASHINGTON ADVENTIST HOSPITAL, INCLUDING THE "BIRTH, BABY CARE, AND BREASTFEEDING" COURSE, "INFANT SAFETY AND CPR FOR EXPECTANT

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ATTACHMENT 1 (CONT'D)

PARENTS" AND THE "MATERNITY ORIENTATION AND TOUR." WE HAD A TOTAL OF 78 CLASS SESSIONS WITH ABOUT 250 TEACHING HOURS, AND 824 EXPECTANT PARENTS IN ATTENDANCE. THE AGGREGATE NUMBER OF CLASS ENCOUNTERS WAS 942.

IN LACTATION SERVICES, WE HAD 160 PUMP RENTAL TRANSACTIONS, 121 SALES CUSTOMERS, ABOUT 100 ENCOUNTERS FOR THE LATCH CLINIC AND APPROXIMATELY 70 EXTENDED CALLS FOR LACTATION ADVICE. THE TOTAL NUMBER OF ENCOUNTERS FOR WAH LACTATION SERVICES WAS 450. WE CONTINUE TO RECEIVE GREAT PROGRAM EVALUATIONS FROM OUR CUSTOMERS, AND WE KNOW THE POSITIVE IMPACT WE HAVE ON PEOPLE'S LIVES GOES FAR BEYOND THESE NUMBERS.

## YOUTH HEALTH PROGRAM:

LAST YEAR, ADVENTIST HEALTHCARE OFFERED A TOTAL OF 88 YOUTH HEALTH CLASSES IN FOUR PROGRAMS. A TOTAL OF 36 BABYSITTING CLASSES WERE HELD AT SHADY GROVE ADVENTIST HOSPITAL AND IN THE COMMUNITY WITH 404 ENCOUNTERS.

HOME ALONE CLASSES WERE HELD TWICE AT THE GAITHERSBURG COMMUNITY CENTER WITH 40 ENCOUNTERS AND SEVEN TIMES AT SHADY GROVE WITH 66 ENCOUNTERS. INFANT SAFETY AND CPR CONTINUED TO BE VERY POPULAR AND IN GREAT DEMAND; 40 CLASSES WERE HELD AT SHADY GROVE ADVENTIST HOSPITAL WITH 331 ENCOUNTERS.

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ATTACHMENT 1 (CONT'D)

THE "MOMMY AND ME" PROGRAM WAS A HUGE SUCCESS WITH A TOTAL OF 646 ENCOUNTERS RECORDED AT THE CONGRESSIONAL MALL AND AT THE ROCKVILLE TOWN SQUARE. WE ARE NOW IN THE FOURTH YEAR OF THIS PARTNERSHIP THAT WAS STARTED IN COOPERATION WITH THE PR/MARKETING DEPARTMENT AT ADVENTIST HEALTHCARE.

THE ANNUAL FREE ASTHMA SCREENINGS WERE HELD AT THE LAKEFOREST MALL WITH 50 ENCOUNTERS AND AT THE WHEATON MALL WITH 38 ENCOUNTERS. YOUTH HEALTH WAS INVITED TO PARTICIPATE AT FIVE HEALTH FAIRS IN THE COMMUNITY WHERE TALKS AND SCREENINGS WERE OFFERED TO 344 PARTICIPANTS.

## COMMUNITY HEALTH EDUCATION:

IN 2010, COMMUNITY HEALTH EDUCATION STRIVED TO PROVIDE LOW-COST CLASSES TO THE SHADY GROVE ADVENTIST AND WASHINGTON ADVENTIST HOSPITAL AREA. WE OFFERED FUN AND EDUCATIONAL CLASSES AND SUPPORT GROUPS AS WELL AS FREE LECTURES. CLASSES BEING OFFERED INCLUDED BEGINNER TAI-CHI, FIRST AID, WEIGHT MANAGEMENT AND NUTRITION COUNSELING.

SUPPORT GROUPS OFFERED TO THE COMMUNITY WERE ALZHEIMER'S AND SICKLE CELL ANEMIA, WHICH MET 11 TIMES WITH 32 ATTENDEES. IN ADDITION TO PROVIDING CLASSES, HEALTH AND WELLNESS COMMUNITY OUTREACH PARTICIPATED IN HEALTH FAIRS THROUGHOUT MONTGOMERY AND PRINCE GEORGE'S COUNTIES, SUCH AS THE HOLIDAY FOOD AND FITNESS

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ATTACHMENT 1 (CONT'D)

EXPO IN PRINCE GEORGE'S COUNTY AND THE MONTGOMERY COUNTY AGRICULTURAL FAIR IN GAITHERSBURG. AT THESE HEALTH FAIRS, WE PROVIDE HEALTH SCREENINGS, COUNSELING, HEALTH EDUCATION MATERIALS, AND FREE GIVEAWAYS. THIS YEAR, WE PARTICIPATED IN 47 HEALTH FAIRS WITH 3,683 ENCOUNTERS.

COMMUNITY HEALTH EDUCATION HAS FORGED MEANINGFUL RELATIONSHIPS WITH PARTNERS IN THE COMMUNITY SUCH BOWIE SENIOR CENTER, ROCKVILLE SENIOR CENTER, TAKOMA PARK SENIOR CENTER, LONG BRANCH COMMUNITY CENTER, DAMASCUS SENIOR CENTER, GREENRIDGE HOUSE SENIOR LIVING, GAITHERSBURG SENIOR CENTER AND THE JEWISH COMMUNITY CENTER OF GREATER WASHINGTON. WE PROVIDED 83 SCREENING AND LECTURE EVENTS WITH 2,019 ENCOUNTERS.

ONE OF THE LARGEST ASPECTS OF COMMUNITY HEALTH EDUCATION IS TO PROVIDE LOW-COST INFLUENZA AND PNEUMONIA VACCINATIONS TO LOCAL COMMUNITY AND SENIOR CENTERS THROUGH OUR HELP STOP THE FLU CAMPAIGN. THIS YEAR, WE HELD 46 FLU CLINICS AND PROVIDED 1,408 FLU VACCINATIONS. COMMUNITY OUTREACH ALSO PARTICIPATED IN 36 EXTERNAL MEETINGS THAT TOOK PLACE IN THE COMMUNITY.

**CARDIAC & VASCULAR OUTREACH:**

WE CONTINUE TO OFFER THE HEART HEALTH SCREENING PROGRAMS AT OUR HOSPITALS AND SIX OTHER LOCATIONS THROUGHOUT THE COUNTY. OUR SPRING AND FALL CV EVENTS ALSO FOCUS ON CONNECTING OUR PHYSICIANS

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ATTACHMENT 1 (CONT'D)

WITH THE PEOPLE OF OUR COMMUNITY. WE ALSO CONTINUE TO PROVIDE HEALTH PRESENTATIONS TO UPDATE OUR ATTENDEES ON THE LATEST INFORMATION THAT INCLUDE BEST PRACTICES.

OUR PARTNERSHIPS IN THE COMMUNITY ARE EXTREMELY IMPORTANT AND THE SYNERGY THAT THESE PARTNERSHIPS CREATE MAKES FOR A MORE POWERFUL IMPACT ON THE PEOPLE OF OUR COMMUNITY. JUST TO NAME A FEW PARTNERSHIPS: AFRICAN AMERICAN HEALTH PROGRAM OF MONTGOMERY COUNTY, MONTGOMERY COUNTY COMMUNITY AND SENIOR CENTERS, CORONARY HEALTH IMPROVEMENT PROGRAM, PLUS 15 LIFESTYLE CHANGE PROGRAM AND THE CENTRAL COUNTY COALITION OF PRINCE GEORGES COUNTY.

THIS YEAR, INSTEAD OF CONTINUING TO WORK WITH ANOTHER ORGANIZATION'S BRAND (LEGS FOR LIFE), WE CAME UP WITH OUR OWN ANNUAL CV PROGRAM ENTITLED, "NAVIGATING YOUR VASCULAR HEALTH" THIS WAS A VERY SUCCESSFUL OUTREACH FROM BOTH HOSPITALS AND WE REACHED MORE THAN 100 PEOPLE WITH LECTURES AND SCREENINGS ON CV HEALTH. OUR SPRING EVENT WAS ALSO RENAMED FROM SPRING FLING TO "SPRING INTO BETTER HEALTH". SO TWICE A YEAR IN BIG FASHION, WE HAVE A STRONG PRESENCE WITH OUR PREVENTION MESSAGE.

**CANCER OUTREACH:**

WASHINGTON ADVENTIST HOSPITAL CONTINUES TO PROVIDE CANCER SCREENINGS AND SERVICES TO UNINSURED/UNDERINSURED INDIVIDUALS. WE REACH THESE PATIENTS THROUGH OUR BREAST CANCER SCREENING PROGRAM,

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ATTACHMENT 1 (CONT'D)

OUR ANNUAL CANCER SCREENING DAYS, ASSISTING MONTGOMERY COUNTY CANCER CRUSADE IN RECRUITING PATIENTS FOR SERVICES AS WELL AS THROUGH OUR VARIOUS HEALTH FAIRS AND SUPPORT GROUPS.

WASHINGTON ADVENTIST HOSPITAL OPENED ITS DOORS TO SPANISH CATHOLIC CENTER PATIENTS THROUGH A PARTNERSHIP WITH THE PRIMARY CARE COALITION. IN TOTAL, FOR 2010, WE SAW 477 PATIENTS THROUGH WCCP, THE MARYLAND STATE DIAGNOSTIC AND TREATMENT PROGRAM AND THE SPANISH CATHOLIC CENTER CLINIC. ANOTHER ACCOMPLISHMENT IS ADVENTIST HEALTHCARE'S BREAST CANCER SCREENING PROGRAMS WILL BE RECEIVING \$917,000, THROUGH THE SUSAN G. KOMEN FOUNDATION.

WE CONTINUE TO HOLD OUR ANNUAL CANCER SCREENING DAYS, WHICH ARE ALWAYS A HUGE SUCCESS. THIS COLLABORATION BETWEEN HOSPITAL PHYSICIANS, STAFF AND VOLUNTEERS IS A WONDERFUL COMMUNITY EVENT. WE PROVIDE SEVERAL CANCER SCREENINGS: PROSTATE, BREAST, COLORECTAL, ORAL, THYROID, BLADDER AND SKIN CANCERS. IN 2010, WE HAD 68 PARTICIPANTS AND WE PERFORMED 289 TOTAL SCREENINGS.

SEVERAL SUPPORT GROUPS AND LECTURES WE HOLD ANNUALLY ARE "LOOK GOOD, FEEL BETTER" AND THE SCREEN PROGRAM IN ADDITION TO OTHER HEALTH FAIRS AND LECTURES. FOR 2010, WAH HELD FOUR LOOK GOOD, FEEL BETTER SESSIONS WITH A TOTAL OF 17 PARTICIPANTS. LAST, THE SCREEN PROGRAM IS DEDICATED TO PROVIDING LOCAL FIRE DEPARTMENTS WITH COLORECTAL SCREENING AND EDUCATION. IN 2010 WE PERFORMED ONE

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ATTACHMENT 1 (CONT'D)

LECTURE AND WE HAD 15 PARTICIPANTS.

HEALTH MINISTRY:

THE HEALTH MINISTRY OUTREACH OF ADVENTIST HEALTHCARE WORKS WITH 25 COMMUNITY ORGANIZATIONS AND 140 CONGREGATIONS HELPING THEM THROUGH CLASSES AND HEALTH EVENTS TO TRAIN AND SUPPORT PEOPLE WHO WILL DIRECTLY PROVIDE SUPPORT AND CARE AT THE LOCAL COMMUNITY LEVEL.

WE HAVE TRAINED MORE THAN 300 PARTICIPANTS FROM AREA CONGREGATIONS IN OUR HEALTH MINISTRY TEAM BUILDING TRAINING OFFERED TWICE A YEAR AND OUR FAITH COMMUNITY NURSE TRAINING. WE CONTINUE TO SUPPORT OUR CONGREGATIONS THROUGH EDUCATION, RESOURCES AND SUPPORT. WE PROVIDE MONTHLY NETWORK/SUPPORT MEETINGS IN THREE DIFFERENT LOCATIONS. WE SERVE CONGREGATIONS IN MONTGOMERY COUNTY, FREDERICK COUNTY, PRINCE GEORGE'S COUNTY, HOWARD COUNTY AND WASHINGTON, D.C.

BECAUSE OF OUR UNIQUE TRAINING, PARTICIPANTS COME FROM VIRGINIA, PENNSYLVANIA, NEW YORK AND OTHER STATES. WE PROVIDE ASSISTANCE WITH HEALTH EVENTS, IMMUNIZATION CLINICS, AND HEALTH-RELATED CLASSES TO THE CONGREGATIONS AS WELL PARTNERING WITH VARIOUS COMMUNITY ORGANIZATIONS.

4. ELIMINATE HEALTH DISPARITIES:

WHEN HELPING A PATIENT, A PROVIDER MAY FACE DIFFICULTIES TO DIAGNOSE AND TREAT A PATIENT'S BOTH SPOKEN AND UNSPOKEN NEEDS. NO MATTER IF THE PATIENT IS A CRYING TODDLER, AN ACTIVE SENIOR OR A

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ATTACHMENT 1 (CONT'D)

YOUNG WOMAN WHO MAY NOT UNDERSTAND THE PROVIDER'S LANGUAGE, ALL DESERVE THE OPPORTUNITY TO RECEIVE GOOD CARE. AMONG THE PROGRAMS WE DEVELOPED IS THE CENTER ON HEALTH DISPARITIES, WHICH WAS CREATED IN 2007 FROM A DEEP DESIRE TO PROVIDE QUALITY CARE TO ALL BY RECOGNIZING THE IMPORTANT ROLE OF COMMUNICATION BETWEEN A PATIENT AND A PROVIDER. THE CENTER ON HEALTH DISPARITIES AT ADVENTIST HEALTHCARE IS A REGIONALLY RECOGNIZED LEADER AND RESOURCE FOR EDUCATION AND TRAINING PROGRAMS TO EQUIP OUR COMMUNITY AND PROVIDERS WITH THE NECESSARY INFORMATION AND TOOLS TO PROVIDE PATIENT AND FAMILY-CENTERED CARE FOR OUR DIVERSE COMMUNITY IN A CULTURALLY SENSITIVE WAY.

THE CENTER PROVIDES CULTURAL AND LINGUISTIC COMPETENCE EDUCATION AND TRAINING, AND CONDUCTS RESEARCH ON HEALTH DISPARITIES IN PARTNERSHIP WITH COMMUNITY AND HEALTH CARE ORGANIZATIONS THROUGHOUT MARYLAND INCLUDING JOHNS HOPKINS MEDICINE AND SINAI HOSPITAL OF BALTIMORE. OUR GOAL IS EFFECTIVE PREVENTION, TREATMENT AND CARE PROGRAMS FOR ALL INDIVIDUALS, REGARDLESS OF THEIR ECONOMIC, CULTURAL, LINGUISTIC OR DEMOGRAPHIC CHARACTERISTICS. WE DELIVER CULTURAL AWARENESS AND SENSITIVITY TRAINING FOR HEALTH PROFESSIONALS, PROVIDE INTERPRETER TRAINING FOR QUALIFIED BILINGUAL STAFF AND PARTNER WITH COMMUNITY ORGANIZATIONS TO CONDUCT RESEARCH AND PROVIDE SERVICES TO MINORITY AND UNDERSERVED POPULATIONS.

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ATTACHMENT 1 (CONT'D)

OUR PARTNERSHIP WITH IMMIGRANT ADVOCACY ORGANIZATIONS ENABLES THE PROVISION OF PRIMARY MEDICAL CARE FOR UNINSURED RESIDENTS, HELPS IMMIGRANTS TO PURSUE HEALTH CARE CAREERS AND ENHANCES COMMUNITY SERVICES INCLUDING LANGUAGE ASSISTANCE AND JOB TRAINING TO ASSIST THEM IN BECOMING PART OF THE COMMUNITY.

HERE IS A LIST OF JUST SOME OF THE ACCOMPLISHMENTS OF THE CENTER IN 2010:

-MARCOS PESQUERA, EXECUTIVE DIRECTOR OF ADVENTIST HEALTHCARE'S CENTER ON HEALTH DISPARITIES, WAS NAMED A 2010 HEALTH CARE HERO FOR COMMUNITY OUTREACH BY THE DAILY RECORD NEWSPAPER IN BALTIMORE.

-THE CENTER DELIVERED CULTURALLY COMPETENT CARE TRAINING FOR 6,000 HEALTH PROFESSIONALS IN THE GREATER WASHINGTON REGION IN 2010.

-RESEARCH PARTNERS INCLUDE THE UNIVERSITY OF MARYLAND, THE LATINO HEALTH INITIATIVE, THE PRIMARY CARE COALITION AND CHEER (COMMUNITY HEALTH AND EMPOWERMENT THROUGH EDUCATION AND RESEARCH) OF THE MONTGOMERY COUNTY COMMUNITY FOUNDATION.

-COMMUNITY GROUPS THAT HAVE PARTICIPATED IN THE CENTER'S CULTURALLY COMPETENT CARE TRAINING AND QUALIFIED BILINGUAL STAFF PROGRAM INCLUDE JOHNS HOPKINS PRIORITY PARTNERS, KAISER

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ATTACHMENT 1 (CONT'D)

PERMANENTE, KOREAN COMMUNITY SERVICE CENTER, MARY'S CENTER, MARYLAND DEPARTMENT OF HEALTH AND HUMAN SERVICES, MARYLAND HOSPITAL ASSOCIATION, MERCY HEALTH CLINIC, MOBILE MED, MONTGOMERY COUNTY CORRECTIONAL FACILITIES, MUSLIM CLINIC, PEOPLES COMMUNITY CLINIC, PROYECTO SALUD, SINAI HOSPITAL OF BALTIMORE AND THE SPANISH CATHOLIC CENTER.

-THE CENTER HAS TRAINED 370 ADVENTIST HEALTHCARE STAFF IN 14 LANGUAGES INCLUDING AMHARIC, ARABIC, ARMENIAN, CANTONESE, FARSI, FRENCH, KHMER, KOREAN, MANDARIN, PORTUGUESE, RUSSIAN, SPANISH, TAGALOG AND VIETNAMESE THROUGH OUR QUALIFIED BILINGUAL STAFF PROGRAM.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4B

ADVENTIST BEHAVIORAL HEALTH:

ADVENTIST BEHAVIORAL HEALTH IS A COMPREHENSIVE NETWORK OF MENTAL HEALTH FACILITIES PROVIDING CARE TO MENTALLY ILL INDIVIDUALS ACROSS THEIR LIFE SPAN.

WITH LOCATIONS IN MONTGOMERY AND ANNE ARUNDEL COUNTIES IN MARYLAND AND ON THE EASTERN SHORE OF MARYLAND, ADVENTIST BEHAVIORAL HEALTH OFFERS A BROAD RANGE OF SERVICES SUCH AS ACUTE CARE, RESIDENTIAL

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ATTACHMENT 2 (CONT'D)

TREATMENT, SPECIAL EDUCATION AND GENERAL EDUCATION PROGRAMS, CHEMICAL DEPENDENCY PROGRAMS, PARTIAL HOSPITALIZATION PROGRAMS, INTENSIVE OUTPATIENT SERVICES, AND COMMUNITY-BASED RESIDENTIAL SERVICES.

IN 2010, ADVENTIST BEHAVIORAL HEALTH PROVIDED \$265,461 IN UNCOMPENSATED MENTAL HEALTH CARE ACROSS ITS THREE MAIN CAMPUSES. ADVENTIST BEHAVIORAL HEALTH'S FACILITIES OFFER A TOTAL OF 161 ACUTE CARE BEDS, 141 RESIDENTIAL TREATMENT CENTER BEDS, 32 GROUP HOME BEDS AND A FULL CONTINUUM OF OUTPATIENT SERVICES. ADVENTIST BEHAVIORAL HEALTH CARED FOR APPROXIMATELY 4,000 PATIENTS AND RESIDENTS ACROSS ITS ENTITIES IN 2010.

## ADVENTIST BEHAVIORAL HEALTH ROCKVILLE:

THE ADVENTIST BEHAVIORAL HEALTH ROCKVILLE CAMPUS IS A NOT-FOR-PROFIT, JOINT COMMISSION ACCREDITED, 106-BED ACUTE PSYCHIATRIC TREATMENT FACILITY LOCATED IN MONTGOMERY COUNTY. COUPLED WITH AN ADDITIONAL 52-BED RESIDENTIAL TREATMENT CENTER (RTC) FOR ADOLESCENTS, ADVENTIST BEHAVIORAL HEALTH IS THE LARGEST PROVIDER OF MENTAL HEALTH SERVICES IN MONTGOMERY COUNTY. THE ROCKVILLE CAMPUS ALSO PROVIDES OUTPATIENT CHEMICAL DEPENDENCY

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ATTACHMENT 2 (CONT'D)

SERVICES FOR ADOLESCENTS AND ADULTS AND OPERATES A PARTIAL HOSPITALIZATION PROGRAM FOR ADOLESCENTS.

THE RIDGE SCHOOL OF MONTGOMERY COUNTY, A SPECIAL AND GENERAL EDUCATION SCHOOL APPROVED BY THE MARYLAND STATE DEPARTMENT OF EDUCATION, IS LOCATED AT THE ADVENTIST BEHAVIORAL HEALTH ROCKVILLE CAMPUS AND SERVES ADOLESCENTS FROM MARYLAND AND WASHINGTON, D.C.

ADVENTIST BEHAVIORAL HEALTH RECENTLY LAUNCHED THE MILITARY ADDICTION RECOVERY CENTER (MARC) AT ITS ROCKVILLE CAMPUS. THE MARC IS A 28-DAY INPATIENT SUBSTANCE ABUSE TREATMENT PROGRAM DESIGNED TO MEET THE UNIQUE NEEDS OF ACTIVE DUTY MILITARY MEN AND WOMEN.

THE BEHAVIORAL HEALTH UNIT AT WASHINGTON ADVENTIST HOSPITAL:  
THE BEHAVIORAL HEALTH UNIT OFFERS FOUR ADOLESCENT AND 36 ADULT ACUTE CARE BEDS IN ADDITION TO PARTIAL HOSPITALIZATION AND INTENSIVE OUTPATIENT PROGRAMS AT ITS TAKOMA PARK, MARYLAND LOCATION.

THE REGINALD S. LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN (LOURIE CENTER):

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ATTACHMENT 2 (CONT'D)

THE LOURIE CENTER'S MISSION IS TO UNDERSTAND AND STRENGTHEN THE EMOTIONAL HEALTH OF PARENT-CHILD RELATIONSHIPS WITHIN OUR COMMUNITY THROUGH EARLY PREVENTION, INTERVENTION, EDUCATION, RESEARCH AND TRAINING. THE LOURIE CENTER PROVIDES FOUR CORE SERVICES TO BENEFIT INFANTS, CHILDREN AND THEIR FAMILIES: THE PARENT-CHILD CLINICAL SERVICES PROGRAM; LOURIE CENTER SCHOOL; THERAPEUTIC NURSERY PROGRAM; AND EARLY HEAD START.

ADVENTIST BEHAVIORAL HEALTH ANNE ARUNDEL:

ADVENTIST BEHAVIORAL HEALTH AT ANNE ARUNDEL HAS PROVIDED MENTAL HEALTH SERVICES FOR ADOLESCENTS SINCE 2002. LOCATED IN CROWNSVILLE, MARYLAND, ADVENTIST BEHAVIORAL HEALTH ANNE ARUNDEL OFFERS 30 ADOLESCENT RESIDENTIAL TREATMENT BEDS, A GROUP HOME FOR 18 ADOLESCENT MALES, AND A SPECIAL AND GENERAL EDUCATION SCHOOL FOR ADOLESCENTS WITH EMOTIONAL AND BEHAVIORAL DISABILITIES.

THE 30-BED RESIDENT TREATMENT CENTER (RTC) IS ONE OF THE MOST CLINICALLY UNIQUE PROGRAMS IN MARYLAND. IT IS CONSIDERED A HIGH-SECURITY, HIGH LEVEL OF INTENSITY RTC. BY UTILIZING RESEARCH-BASED BEST PRACTICES FOR THIS COGNITIVELY IMPAIRED POPULATION, THE ANNE ARUNDEL STAFF DELIVERS TREMENDOUS OUTCOMES FOR THE RESIDENTS.

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ATTACHMENT 2 (CONT'D)

THE 18-BED GROUP HOME FOR ADOLESCENT MALES PROVIDES TREATMENT IN A SMALL, AGE-APPROPRIATE FAMILY STYLE SETTING. THE GROUP HOME SERVES ADOLESCENTS WHO DO NOT REQUIRE THE ACUTE SERVICES OF INPATIENT HOSPITALIZATION OR RESIDENTIAL TREATMENT CENTER.

THE RIDGE SCHOOL OF ANNE ARUNDEL COUNTY OFFERS PROGRAMS FOR STUDENTS IN GRADES 8 THROUGH 12 IN A HIGHLY-STRUCTURED ENVIRONMENT THAT ENABLES AND ENCOURAGES MULTI-SENSORY LEARNING. THE SCHOOL IS DESIGNED TO PROVIDE EDUCATION FOR EVEN THE MOST CHALLENGING YOUTH UTILIZING A POSITIVE BEHAVIORAL APPROACH AND PHILOSOPHY.

ADVENTIST BEHAVIORAL HEALTH EASTERN SHORE:

ADVENTIST BEHAVIORAL HEALTH EASTERN SHORE IS THE REGION'S ONLY ACUTE CARE AND RESIDENTIAL MENTAL HEALTH RESOURCE FOR CHILDREN AND ADOLESCENTS. THE FACILITY OFFERS 15 ACUTE CARE BEDS AND 59 RTC BEDS.

ADVENTIST BEHAVIORAL HEALTH EASTERN SHORE HAS A ONE-OF-A-KIND PROGRAM IN THE STATE OF MARYLAND FOR LOW-FUNCTIONING ADOLESCENTS WITH IQS BETWEEN 50 AND 70. THIS IS THE ONLY PROGRAM IN THE STATE TO ADDRESS THE SPECIAL CLINICAL AND THERAPEUTIC NEEDS OF THIS

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ATTACHMENT 2 (CONT'D)

POPULATION.

THE RIDGE SCHOOL OF THE EASTERN SHORE IS A SPECIAL AND GENERAL EDUCATION SCHOOL FOR STUDENTS IN GRADES THREE TO 12. THE SCHOOL SERVES RESIDENTS OF THE EASTERN SHORE RTC AS WELL AS DAY STUDENTS WHO LIVE IN THE LOCAL COMMUNITY.

COMMUNITY SERVICE:

ADVENTIST BEHAVIORAL HEALTH IS COMMITTED TO SERVING AS A MENTAL HEALTH RESOURCE TO FAMILIES AND BEHAVIORAL HEALTH SPECIALISTS IN THE COMMUNITIES IT SERVES. THE ORGANIZATION HAS DEDICATED SIGNIFICANT RESOURCES TO PROVIDING FREE EDUCATIONAL WORKSHOPS FOR CONSUMERS AS WELL AS CONTINUING EDUCATION SYMPOSIUMS FOR CLINICIANS.

ADVENTIST BEHAVIORAL HEALTH AND ITS EMPLOYEES ALSO SPONSOR AND SUPPORT COMMUNITY ORGANIZATIONS SUCH AS THE MENTAL HEALTH ASSOCIATION OF MONTGOMERY COUNTY AND THE NATIONAL ALLIANCE ON MENTAL ILLNESS.

ATTACHMENT 3

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,  
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A) NAME AND TITLE	(B) HOURS	(C) POSITION						COMPENSATION FROM		
		(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL. ORG.	(F) OTHER
29 JOYCE PORTELA EOO - WAH	40.00				X			697,355.	0.	28,495.
30 KENNETH DESTEFANO VP & GEN. COUNSEL	40.00				X			431,082.	0.	31,478.
31 ELYSE KAPLAN										

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<u>ATTACHMENT 3 (CONT'D)</u>						
VP HR - AHC	40.00	X	363,308.	0.	29,913.	
32 PAULA WIDERLITE VP	40.00	X	360,654.	0.	32,823.	
33 KATHLEEN DYER CII	40.00	X	352,799.	0.	36,537.	

ATTACHMENT 4

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
PHNS INC. PO BOX 671001 DALLAS, TX 75267	IT SERVICES	33,958,959.
QUEST DIAGNOSTICS 14225 NETWORK DRIVE CHANTILLY, VA 20151	CLINICAL LAB SVCS	19,947,970.
FIRST COLONIAL ANESTHESIA ASSOC 1901 RESEARCH BLVD ROCKVILLE, MD 20850	MEDICAL SERVICES	2,984,810.
HOSPITAL HOUSEKEEPING SYSTEM, LTD 216 E. FOURTH STREET AUSTIN, TX 78701	HOUSEKEEPING SVCS	2,516,413.
SODEXHO MARRIOTT SERVICES PO BOX 536922 ATLANTA, GA 30352-6922	DIETRY & PLAN OP	2,401,050.
TOTAL COMPENSATION		<u>61,809,202.</u>

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

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52-1532556

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ADVENTIST CANCER CARE, LLC 26-2515407 1801 RESEARCH BLVD ST 400 ROCKVILLE, MD 20850	CANCER CARE	MD	4,653,401.	10,841,410.	N/A
(2) AHC HOLDINGS I, LLC 52-1532556 1801 RESEARCH BLVD ST 400 ROCKVILLE, MD 20850	HOLDING CO	MD		5,400,000.	N/A
(3) AHC HOLDINGS II, LLC 52-1532556 1801 RESEARCH BLVD ST 400 ROCKVILLE, MD 20850	HOLDING CO	MD		5,570,774.	N/A
(4) LIFEWORK STRATEGY, LLC 90-0493445 1801 RESEARCH BLVD STE 400 ROCKVILLE, MD 20850	HLTH/WELLNESS	MD	6,092.	79,844.	N/A
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ADVENTIST HOME HEALTH SERVICES, INC 52-0986808 1801 RESEARCH BLVD ST 400 ROCKVILLE, MD 20850	REHABILITATIO	MD	501 (C) (3)	09	N/A	X	
(2) ADVENTIST PHYSICIAN SERVICES, INC 20-4600646 1801 RESEARCH BLVD ST 400 ROCKVILLE, MD 20850	PHYSICIAN SEV	MD	501 (C) (3)	09	N/A	X	
(3) ADVENTIST REHABILITATION HOSPITAL OF MD 20-1486678 1801 RESEARCH BLVD ST 400 ROCKVILLE, MD 20850	REHABILITATIO	MD	501 (C) (3)	03	N/A	X	
(4) ADVENTIST SENIOR LIVING SERVICES 52-1739959 1801 RESEARCH BLVD ST 400 ROCKVILLE, MD 20850	MANAGEMENT SE	MD	501 (C) (3)	09	N/A	X	
(5) BRADFORD OAKS NURSING AND REHAB CENTER 52-1999975 1801 RESEARCH BLVD ST 400 ROCKVILLE, MD 20850	NURSING HOME	MD	501 (C) (3)	09	N/A		X
(6) FAIRLAND NURSING & REHAB CENTER 52-1876447 1801 RESEARCH BLVD ST 400 ROCKVILLE, MD 20850	NURSING HOME	MD	501 (C) (3)	09	N/A		X
(7) GLADE VALLEY NURSING AND REHAB CENTER 52-1924309 1801 RESEARCH BLVD ST 400 ROCKVILLE, MD 20850	NURSING HOME	MD	501 (C) (3)	09	N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2010

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

ADVENTIST HEALTHCARE, INC.

Employer identification number

52-1532556

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HACKETTSTOWN COMMUNITY HOSPITAL 22-6106281 651 WILLOW GROVE STREET HACKETTSTOWN, NJ 07840	HOSPITAL	NJ	501 (C) (3)	03	N/A	X	
(2) HACKETTSTOWN COMMUNITY HOSPITAL - EMS 27-0820164 651 WILLOW GROVE STREET HACKETTSTOWN, NJ 07840	AMBULANCE SVC	NJ	501 (C) (3)	03	N/A		X
(3) HACKETTSTOWN COMMUNITY HOSP. FOUNDATION 22-2333410 651 WILLOW GROVE STREET HACKETTSTOWN, NJ 07840	FUNDRAISING	NJ	501 (C) (3)	11A-I	N/A		X
(4) MID-ATLANTIC ADVENTIST HEALTHCARE CORP 51-1884153 1801 RESEARCH BLVD ST 400 ROCKVILLE, MD 20850	HOLDING COMPA	MD	501 (C) (3)	09	N/A		X
(5) ADVENTIST BEHAVIORAL HEALTH FOUNDATION 20-5479860 1801 RESEARCH BLVD ST 400 ROCKVILLE, MD 20850	FUNDRAISING	MD	501 (C) (3)	11A-I	N/A	X	
(6) REGINALD S. LOURIE CENTER FOR INFANTS 52-1255870 1801 RESEARCH BLVD ST 400 ROCKVILLE, MD 20850	BEHAVIORAL CA	MD	501 (C) (3)	09	N/A	X	
(7) SHADY GROVE ADVENTIST HOSP. FNDTN 52-1216429 1801 RESEARCH BLVD ST 400 ROCKVILLE, MD 20850	FUNDRAISING	MD	501 (C) (3)	11A-I	N/A	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2010

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

ADVENTIST HEALTHCARE, INC.

Employer identification number

52-1532556

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SHADY GROVE NURSING AND REHABILITATION C 52-1442495 1801 RESEARCH BLVD ST 400 ROCKVILLE, MD 20850	NURSING HOME	MD	501 (C) (3)	09	N/A		X
(2) SLIGO CREEK NURSING HOME&REHABILITATION 52-1736368 1801 RESEARCH BLVD ST 400 ROCKVILLE, MD 20850	NURSING HOME	MD	501 (C) (3)	09	N/A		X
(3) SPRINGBROOK NURSING & REHAB CENTER, INC 52-1736305 1801 RESEARCH BLVD ST 400 ROCKVILLE, MD 20850	NURSING HOME	MD	501 (C) (3)	09	N/A		X
(4) WASHINGTON ADVENTIST HOSPITAL FOUNDATION 52-1692158 1801 RESEARCH BLVD, STE 400 ROCKVILLE, MD 20850	FUNDRAISING	MD	501 (C) (3)	09	N/A	X	
(5) -----							
(6) -----							
(7) -----							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2010

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) GERMANTOWN O/P IMAGING 20-4395 1801 RESEARCH BLVD, STE 400	O/P IMAGING	MD	SGRC, PC					X			X	50.0000
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ADVENTIST MANAGEMENT SERVICES, INC 52-1575694 1801 RESEARCH BLVD, STE 400 ROCKVILLE, MD 20850	MANAGEMENT SERVIC	MD	N/A	C CORP	205,922.	1,189,631.	100.0000
(2) LIFEWORX STRATEGY, INC 52-1704500 1801 RESEARCH BLVD, STE 400 ROCKVILLE, MD 20850	EMPLOYEE ASSISTAN	MD	N/A	C CORP	-107,911.	490,781.	100.0000
(3) PREMIER MEDICAL NETWORK, INC. 52-1952469 1801 RESEARCH BLVD, STE 400 ROCKVILLE, MD 20850	JT. PHYSIC. CONT	MD	N/A	C CORP	2,162.	16,571.	50.0000
(4) -----							
(5) -----							
(6) -----							
(7) -----							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to other organization(s) . . . . .		X
<b>c</b> Gift, grant, or capital contribution from other organization(s) . . . . .	X	
<b>d</b> Loans or loan guarantees to or for other organization(s) . . . . .	X	
<b>e</b> Loans or loan guarantees by other organization(s) . . . . .		X
<b>f</b> Sale of assets to other organization(s) . . . . .		X
<b>g</b> Purchase of assets from other organization(s) . . . . .		X
<b>h</b> Exchange of assets . . . . .		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) . . . . .		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) . . . . .	X	
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) . . . . .		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets . . . . .		X
<b>n</b> Sharing of paid employees . . . . .		X
<b>o</b> Reimbursement paid to other organization for expenses . . . . .		X
<b>p</b> Reimbursement paid by other organization for expenses . . . . .	X	
<b>q</b> Other transfer of cash or property to other organization(s) . . . . .		X
<b>r</b> Other transfer of cash or property from other organization(s) . . . . .		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1) ADVENTIST HOME HEALTH SERVICES, INC	K	446,893.	FMV
(2) ADVENTIST HOME HEALTH SERVICES, INC	P	431,532.	FMV
(3) ADVENTIST PHYSICIAN SERVICES, INC	K	194,903.	FMV
(4) ADVENTIST REHABILITATION HOSPITAL OF MD	K	1,917,026.	FMV
(5) ADVENTIST REHABILITATION HOSPITAL OF MD	P	1,396,452.	FMV
(6) ADVENTIST SENIOR LIVING SERVICES	K	1,684,883.	FMV

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to other organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from other organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for other organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by other organization(s) . . . . .	<b>1e</b>	
<b>f</b> Sale of assets to other organization(s) . . . . .	<b>1f</b>	
<b>g</b> Purchase of assets from other organization(s) . . . . .	<b>1g</b>	
<b>h</b> Exchange of assets . . . . .	<b>1h</b>	
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) . . . . .	<b>1j</b>	
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) . . . . .	<b>1l</b>	
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets . . . . .	<b>1m</b>	
<b>n</b> Sharing of paid employees . . . . .	<b>1n</b>	
<b>o</b> Reimbursement paid to other organization for expenses . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid by other organization for expenses . . . . .	<b>1p</b>	
<b>q</b> Other transfer of cash or property to other organization(s) . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property from other organization(s) . . . . .	<b>1r</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1) ADVENTIST SENIOR LIVING SERVICES	P	93,905.	FMV
(2) BRADFORD OAKS NURSING AND REHAB CENTER	K	38,111.	FMV
(3) BRADFORD OAKS NURSING AND REHAB CENTER	P	85,631.	FMV
(4) FAIRLAND NURSING & REHAB CENTER	K	55,837.	FMV
(5) FAIRLAND NURSING & REHAB CENTER	P	79,925.	FMV
(6) GLADE VALLEY NURSING AND REHAB CENTER	P	142,125.	FMV

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to other organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from other organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for other organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by other organization(s) . . . . .	<b>1e</b>	
<b>f</b> Sale of assets to other organization(s) . . . . .	<b>1f</b>	
<b>g</b> Purchase of assets from other organization(s) . . . . .	<b>1g</b>	
<b>h</b> Exchange of assets . . . . .	<b>1h</b>	
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) . . . . .	<b>1j</b>	
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) . . . . .	<b>1l</b>	
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets . . . . .	<b>1m</b>	
<b>n</b> Sharing of paid employees . . . . .	<b>1n</b>	
<b>o</b> Reimbursement paid to other organization for expenses . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid by other organization for expenses . . . . .	<b>1p</b>	
<b>q</b> Other transfer of cash or property to other organization(s) . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property from other organization(s) . . . . .	<b>1r</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1) HACKETTSTOWN COMMUNITY HOSPITAL	D	34,864,342.	FMV
(2) HACKETTSTOWN COMMUNITY HOSPITAL	K	2,851,887.	FMV
(3) HACKETTSTOWN COMMUNITY HOSPITAL	P	3,991,631.	FMV
(4) ADVENTIST BEHAVIORAL HEALTH FOUNDATION	C	69,103.	FMV
(5) REGINALD S. LOURIE CENTER FOR INFANTS	K	178,523.	FMV
(6) SHADY GROVE ADVENTIST HOSPITAL FOUNDATION	C	1,122,523.	FMV

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to other organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from other organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for other organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by other organization(s) . . . . .	<b>1e</b>	
<b>f</b> Sale of assets to other organization(s) . . . . .	<b>1f</b>	
<b>g</b> Purchase of assets from other organization(s) . . . . .	<b>1g</b>	
<b>h</b> Exchange of assets . . . . .	<b>1h</b>	
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) . . . . .	<b>1j</b>	
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) . . . . .	<b>1l</b>	
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets . . . . .	<b>1m</b>	
<b>n</b> Sharing of paid employees . . . . .	<b>1n</b>	
<b>o</b> Reimbursement paid to other organization for expenses . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid by other organization for expenses . . . . .	<b>1p</b>	
<b>q</b> Other transfer of cash or property to other organization(s) . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property from other organization(s) . . . . .	<b>1r</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> SHADY GROVE NURSING AND REHABILITATION CENTER	K	106,058.	FMV
<b>(2)</b> SHADY GROVE NURSING AND REHABILITATION CENTER	P	158,041.	FMV
<b>(3)</b> SLIGO CREEK NURSING HOME AND REHABILITATION	K	23,422.	FMV
<b>(4)</b> SLIGO CREEK NURSING HOME AND REHABILITATION	P	73,007.	FMV
<b>(5)</b> SPRINGBROOK NURSING AND REHAB CENTER, INC.	K	19,162.	FMV
<b>(6)</b> SPRINGBROOK NURSING AND REHAB CENTER, INC.	P	74,092.	FMV

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to other organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from other organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for other organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by other organization(s) . . . . .	<b>1e</b>	
<b>f</b> Sale of assets to other organization(s) . . . . .	<b>1f</b>	
<b>g</b> Purchase of assets from other organization(s) . . . . .	<b>1g</b>	
<b>h</b> Exchange of assets . . . . .	<b>1h</b>	
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) . . . . .	<b>1j</b>	
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) . . . . .	<b>1l</b>	
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets . . . . .	<b>1m</b>	
<b>n</b> Sharing of paid employees . . . . .	<b>1n</b>	
<b>o</b> Reimbursement paid to other organization for expenses . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid by other organization for expenses . . . . .	<b>1p</b>	
<b>q</b> Other transfer of cash or property to other organization(s) . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property from other organization(s) . . . . .	<b>1r</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1) WASHINGTON ADVENTIST HOSPITAL FOUNDATION	C	596,726.	FMV
(2) ADVENTIST MANAGEMENT SERVICES, INC.	K	187,566.	FMV
(3) ADVENTIST MANAGEMENT SERVICES, INC.	P	128,504.	FMV
(4) LIFEWORK STRATEGY, INC.	P	9,404.	FMV
(5)			
(6)			

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) -----										
(2) -----										
(3) -----										
(4) -----										
(5) -----										
(6) -----										
(7) -----										
(8) -----										
(9) -----										
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**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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